2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000009229

Entity Name: ELKAR STUDENT HOLDINGS, LLC

FILED Apr 08, 2004 Secretary of State

(X) Change () Addition

Current Principal Place of Business: New Principal Place of Business:

5145 CITY STREET 319 N MAGNOLIA AVENUE ORLANDO, FL 32839 ORLANDO, FL 32801

Current Mailing Address: New Mailing Address:

5145 CITY STREET 319 N MAGNOLIA AVENUE ORLANDO, FL 32839 ORLANDO, FL 32801

FEI Number: 59-2056341 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SLATER, JOEL K
5145 CITY STREET
5145 CITY STREET
5145 CITY STREET
519 N MAGNOLIA AVENUE
5145 CITY STREET
519 N MAGNOLIA AVENUE
5145 CITY STREET
519 N MAGNOLIA AVENUE
5145 CITY STREET
5145 CITY

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JEANNIE L SKELLEY 04/08/2004

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: ELKAR HOLDINGS (FLOR, IDA) INC.

Name:ELKAR HOLDINGS (FLOR, IDA) INC.Name:ELKAR HOLDINGS (FLOR, IDA) INC.Address:5145 CITY STREETAddress:319 N MAGNOLIA AVENUECity-St-Zip:ORLANDO, FL 32839City-St-Zip:ORLANDO, FL 32801

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: HENRY A MORTON MGRM 04/08/2004