

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000016019

1. Entity Name
REALWORLD UNIVERSITY, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 30 PM 1:02

Principal Place of Business
2732 MCFARLANE CT.
TALLAHASSEE, FL 32303

Mailing Address
2732 MCFARLANE CT.
TALLAHASSEE, FL 32303



04292004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3636193

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

INGRAM, SPENCER
118 SALEM CT.
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Spencer Ingram
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/29/04
DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

700035559537
05/06/04--01024--007 **100.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MARTIN, JOSEPH
STREET ADDRESS	2732 MCFARLANE CT
CITY-ST-ZIP	TALLAHASSEE, FL 32303

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

04/29/04
Date

8502128227
Daytime Phone #