2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000016215

1. Entity Name

ACADEMIC LEARNING CURVE LLC



FILED Mar 28, 2003 8:00 am Secretary of State 03-28-2003 90005 032 ****60.00

SIDE DRIVE 5991 RIVERSIDE DRIVE NKS FL 32127 HARBOR OAKS FL 32127			1.000	(8)(83)(8)(8)(48)	()	O1020 113061 131	181 8(H 135)
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Cuite Act # ata				_			
site, Apt. #, etc. Suite, Apt. #, etc.				CHECK H	ERE IF MAKING (
City & State			4. FEI Numb	- 161	8899,	_ 	plied For t Applicable
Zip	Country		5. Certificat		red \$		
gistered Agent			7 Name an	d Address of N	lew Registered A	jent	
	Na	:me					
WALKER, DAVID 5991 RIVERSIDE DRIVE HARBOR OAKS FL 32127		Street Address (P.O. Box Number is Not Acceptable)					
	Cit	У			FL	Zip Code	е
FILE N Make Check Payat	OWIII FEE	IS \$50.00 Departme		· · · · · · · · · · · · · · · · · · ·	DATE	<u></u>	
/MANAGERS	10.			ADDITI	ONS/CHANGES	<u></u>	
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	Suite, Apt. #, etc. City & State Zip gistered Agent ittle if applicable (NO Make Check Payat Du O/MANAGERS Delete Delete Delete	Suite, Apt. #, etc. City & State Zip Country gistered Agent Na Str Cit itile if applicable. (NOTE: Registered Agent FILE NOW!!! FEE Make Check Payable to Florida Due By May 1, S/MANAGERS 10. Delete TiTLE NAME STREET ADD CITY-ST-ZII Delete TiTLE NAME STREET ADD	Suite, Apt. #, etc. City & State Zip	Suite, Apt. #, etc. City & State Zip Country 5. Certificate Street Address (P.O. Box Numb City Toty Toty Toty Toty Toty Toty The purpose of changing its registered office or registered agent, or both total purpose of changing its registered office or registered agent, or both total purpose of changing its registered office or registered agent, or both total purpose of changing its registered office or registered agent, or both total purpose of changing its registered office or registered agent, or both total purpose of changing its registered office or registered agent, or both total purpose of changing its registered office or registered agent, or both total purpose of changing its registered office or registered agent, or both total purpose of changing its registered office or registered agent, or both total purpose of changing its registered office or registered agent, or both total purpose of changing its registered office or registered agent, or both total purpose of changing its registered office or registered agent, or both total purpose of changing its registered office or registered agent, or both total purpose of changing its registered office or registered agent, or both total purpose of changing its registered office or registered agent, or both total purpose of changing its registered agent, or both total purpose of changing its registered agent, or both total purpose of changing its registered agent, or both total purpose of changing its registered agent, or both total purpose of changing its registered agent, or both total purpose of changing its registered agent, or both total purpose of changing its registered agent, or both total purpose of changing its registered agent, or both total purpose of changing its registered agent, or both total purpose of changing its registered agent, or both total purpose of changing its registered agent, or both total purpose of changing its registered agent ag	Suite, Apt. #, etc. CHECK F City & State 4. FEI Number	Suite, Apt. #, etc. CHECK HERE IF MAKING (City & State 4. FEI Number 16 88 9 9 Zip Country 5. Certificate of Status Desired \$ Street Address (P.O. Box Number is Not Acceptable) Name Street Address (P.O. Box Number is Not Acceptable) City FL Ne purpose of changing its registered office or registered agent, or both, in the State of Florida. I am fail the state of Florida is applicable (INOTE: Registered Agent signature required when referenting) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 STMANAGERS 10. ADDITIONS/CHANGES STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ANAWE STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Ap A A A A A A A A

THORIZED REPRESENTATIVE