


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90010 017 ****50.00

DOCUMENT # L02000019754					
1. Entity Name SCHOOL DEVELOPMENT EAST LLC					
Principal Place of Business 6255 BIRD ROAD C/O IGNACIO ZULUETA MIAMI, FL 33155			Mailing Address 6255 BIRD ROAD C/O IGNACIO ZULUETA MIAMI, FL 33155		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 81-0565264	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent IGNACIO, ZULUETA G 6255 BIRD ROAD MIAMI, FL 33155			7. Name and Address of New Registered Agent Name <u>ATRIUM REGISTERED AGENTS, INC.</u> Street Address (P.O. Box Number is Not Acceptable) <u>1500 SAN REMO AVENUE</u> <u>SVITE 125</u> City <u>CORAL GABLES</u> FL Zip Code <u>33146</u>		
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 <u>[Signature]</u>			DATE <u>4/25/06</u>		
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZULVETA, IGNACIO G 6255 BIRD ROAD MIAMI, FL 33155	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Ignacio G. Zulueta, MGR</u>			Date <u>4/20/06</u> Daytime Phone # <u>(305) 669-2906</u>		