2004 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Jul 15, 2004 08:00 AM **DOCUMENT # L02000030598 Secretary of State** LANGUAGE EXCHANGE MANAGEMENT, L.C. Principal Place of Business Mailing Address 500 N.E. SPANISH RIVER BLVD., SUITE 19 500 N.E. SPANISH RIVER BLVD., SUITE 19 BOCA RATON, FL 33431 BOCA RATON, FL 33431 07062004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2254325 Not Applicable \$5.00 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent CAPLAN, LAWRENCE A P.A. DO NOT WRITE 2200 CORPORATE BLVD., SUITE 304 BOCA RATON, FL 33431 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. Signature, typed or printed name of registered agent and title if applicable. (LIDTE, Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by September 8, 2004 MANAGING MEMBERS/MANAGERS 9. 3JTT PALADINO, CONSTANCE NAME 11000000166270 STREET ADDRESS 17220 NEWPORT CLUB DR 07/15/04-80002-001 **50.**00 CITY-ST-ZIP BOCA RATON, FL 33496 TITLE PALADINO, NICHOLAS NAME STREET ADDRESS 17220 NEWPORT CLUB DR CITY-ST-ZIP BOCA RATON, FL 33496 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filling 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 fiability company or the receiver or trustee empowered to execute this report as required by Chapter 608, FlorIda Statutes.

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

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP