

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000030598 1. Entity Name LANGUAGE EXCHANGE MANAGEMENT, L.C.	
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Principal Place of Business 500 N.E. SPANISH RIVER BLVD., SUITE 19 BOCA RATON, FL 33431	Mailing Address 500 N.E. SPANISH RIVER BLVD., SUITE 19 BOCA RATON, FL 33431
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01102006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2254325	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

CAPLAN, LAWRENCE A P.A.
 2200 CORPORATE BLVD., SUITE 304
 BOCA RATON, FL 33431

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE	P
NAME	PALADINO, CONSTANCE
STREET ADDRESS	17220 NEWPORT CLUB DR
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	VP
NAME	PALADINO, NICHOLAS
STREET ADDRESS	17220 NEWPORT CLUB DR
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

U00000534092
05/06/06-80150-002 50.00

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: Nick Paladino NICK PALADINO 4/24/06 561-368-3913

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #