

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000032046

FILED
Apr 25, 2007
Secretary of State

Entity Name: ROSE SPEECH AND ACADEMIC CENTER, LLC

Current Principal Place of Business:

1268-B TIMBERLANE ROAD
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

1268-B TIMBERLANE ROAD
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 59-3043831

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSE, JOHN STEPHEN
1268-B TIMBERLANE ROAD
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

ROSE, JOHN S
1268-B TIMBERLANE ROAD
TALLAHASSEE, FL 32312 US

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.

SIGNATURE: JOHN S. ROSE

04/25/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ROSE, JOHN STEPHEN
Address: 1268-B TIMBERLANE ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM () Delete
Name: OVERSTREET ROSE, ELAINE
Address: 1268-B TIMBERLANE ROAD
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ROSE, JOHN S
Address: 1268-B TIMBERLANE ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM (X) Change () Addition
Name: ROSE, ELAINE O
Address: 1268-B TIMBERLANE ROAD
City-St-Zip: TALLAHASSEE, FL 32312

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN S. ROSE

MGRM

04/25/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date