

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT -**

**FILED**

**Jan 18, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # L02000032510**

**1. Entity Name  
SCHOLASTIC SALES CONSULTORS, LLC**



**Principal Place of Business  
1212 BEN FRANKLIN DRIVE  
SUITE 1007  
SARASOTA, FL 34236**

**Mailing Address  
1212 BEN FRANKLIN DRIVE, P.O. BOX 1007  
SUITE 1007  
SARASOTA, FL 34236**



01112006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number  
62-1842640**

**Applied For  
Not Applicable**

**5. Certificate of Status Desired**



**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**DRAKE, ALBERT N  
1212 BEN FRANKLIN DRIVE  
SUITE 1007  
SARASOTA, FL 34236**

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**9. MANAGING MEMBERS/MANAGERS**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
DRAKE, ALBERT N  
1212 BEN FRANKLIN DRIVE SUITE 1007  
SARASOTA, FL 34236**

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

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**DO NOT WRITE  
IN THIS SPACE**

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01/23/06 80014-024 55.00

**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:**

*Albert N. Drake*

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

**1-11-06 941.388.5053**

Date

Daytime Phone #