2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000004832

1. Entity Name
INGENIUM PREPARATORY SCHOOL LLC

4/6/04 90030 039 50.00

01262004   Chg-LLC   CR2E083 (10/03)

Principal Place of Business	Mailing Address
PO BOX 700962	PO BOX 700962
ST. CLOUD, FL 34770	ST. CLOUD, FL 34770

2. Principal Place of Business	3. Mailing Address
1121 Kentucky Ave.	1121 Kentucky Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State St. Cloud, FL	City & State St. Cloud, FL
Zip 34769 Country USA	Zip 34769 Country USA

4. FEI Number 55-0826002   ☐ Applied For   ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CARNELL, CHAD S
3954 LA SALLE AVE.
ST. CLOUD, FL 34772

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City   FL   Zip Code

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 _Chad S. Carnell_   Chad S. Carnell   3/7/04
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, 2004

Make check payable to
Florida Department of State

9.	MANAGING MEMBERS / MANAGERS		10.	ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE MGRM NAME Debra Bermudez STREET ADDRESS 4107 Seminole Ave. CITY-ST-ZIP Tampa, FL 33603		☐ Change	☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE MGRM NAME Chad S. Carnell STREET ADDRESS 3954 La Salle Ave. CITY-ST-ZIP St. Cloud, FL 34770		☐ Change	☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

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

SIGNATURE: _Chad S. Carnell_   Chad S. Carnell   3/7/04   407-414-6388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #

4/14 W