

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000005510

**FILED**  
**May 17, 2004**  
**Secretary of State**

**Entity Name:** CONTINUEDLEARNING, LLC

**Current Principal Place of Business:**

146 2ND ST. N., SUITE 306  
SAINT PETERSBURG, FL 33701

**New Principal Place of Business:**

**Current Mailing Address:**

146 2ND ST. N., SUITE 306  
SAINT PETERSBURG, FL 33701

**New Mailing Address:**

FEI Number: 42-1581449

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BUSINESS FILINGS INCORPORATED  
660 EAST JEFFERSON STREET  
TALLAHASSEE, FL 323010000 US

**Name and Address of New Registered Agent:**

DENIS COHRS, P.A.  
2575 ULMERTON ROAD  
SUITE 210  
TALLAHASSEE, FL 33762 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: DENIS COHRS

05/17/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: GRAVES, SHEREE  
Address: 206 6TH AVE., NE  
City-St-Zip: ST. PETERSBURG, FL 33701

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: GRAVES, SHEREE  
Address: PO BOX 76419  
City-St-Zip: ST. PETERSBURG, FL 33734

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SHEREE GRAVES

PRES

05/17/2004

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