

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000009543

Entity Name: CSI EDUCATORS, LLC

FILED  
Apr 18, 2009  
Secretary of State

**Current Principal Place of Business:**

5848 ROCKING HORSE ROAD  
ORLANDO, FL 32817 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 678079  
ORLANDO, FL 32867 US

**New Mailing Address:**

FEI Number: 57-1162174

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

BUTLER, BRUCE M  
10050 HONEY TREE COURT  
ORLANDO, FL 32836 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BUTLER, BRUCE M MEMBER  
Address: 10050 HONEY TREE COURT  
City-St-Zip: ORLANDO, FL 32836

Title: MGRM ( ) Delete  
Name: PACACHA, DAVID S MEMBER  
Address: 5848 ROCKING HORSE ROAD  
City-St-Zip: ORLANDO, FL 32817

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DAVID S. PACACHA

MGMR

04/18/2009

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