

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000026588

FILED  
Jul 09, 2004  
Secretary of State

Entity Name: REACHING TOMORROW'S WORKFORCE, LLC

## Current Principal Place of Business:

2350 BALLARD WAY  
ELLICOTT CITY, MD 21042

## New Principal Place of Business:

1452 NORTH KROME AVENUE  
SUITE 102 D  
FLORIDA CITY, FL 33034

## Current Mailing Address:

2350 BALLARD WAY  
ELLICOTT CITY, MD 21042

## New Mailing Address:

1452 NORTH KROME AVENUE  
SUITE 102 D  
FLORIDA CITY, FL 33034

FEI Number: 81-0624153

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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/MEMBERS:

Title: MGRM ( ) Delete  
Name: KHAJAVI, DONALD  
Address: 2350 BALLARD WAY  
City-St-Zip: ELLICOTT CITY, MD 21042

Title: MGRM ( ) Delete  
Name: TELESFORD, TSCHERINA  
Address: 455 WINTERGREEN WAY  
City-St-Zip: NEW HAVEN, CT 06515

Title: MGRM ( ) Delete  
Name: HAMMOND, TOM  
Address: 3106 WEST UNIVERSITY  
City-St-Zip: GUTHRIE, OK 73044

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: KHAJAVI, DONALD MR.  
Address: 1452 NORTH KROME AVENUE SUITE 102 D  
City-St-Zip: FLORIDA CITY, FL 33034

Title: MGRM (X) Change ( ) Addition  
Name: TELESFORD, TSCHERINA MS.  
Address: 1452 NORTH KROME AVENUE SUITE 102 D  
City-St-Zip: FLORIDA CITY, FL 33034

Title: MGRM (X) Change ( ) Addition  
Name: HAMMOND, TOM MR.  
Address: 1452 NORTH KROME AVENUE SUITE 102 D  
City-St-Zip: FLORIDA CITY, FL 33034

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: DONALD KHAJAVI

MGRM

07/09/2004

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