

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000027669

FILED
Jan 04, 2008
Secretary of State

Entity Name: CHARTER SCHOOLHOUSE DEVELOPERS, LHDC, LLC

Current Principal Place of Business:

10511 NORTH KENDALL DRIVE
SUITE C 205
MIAMI, FL 33176

New Principal Place of Business:

305 ALCAZAR AVE
SUITE 3
CORAL GABLES, FL 33134 US

Current Mailing Address:

PO BOX 520682
MIAMI, FL 331520682

New Mailing Address:

305 ALCAZAR AVE
SUITE 3
CORAL GABLES, FL 33134 US

FEI Number: 56-2429771

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACHADO, LUIS
10511 NORTH KENDALL DRIVE
SUITE C 205
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

MACHADO, LUIS
305 ALCAZAR AVE
SUITE 3
CORAL GABLES, FL 33134 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: LUIS MACHADO

01/04/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MACHADO, LUIS
Address: PO BOX 520682
City-St-Zip: MIAMI, FL 331520682

Title: MGRM () Delete
Name: AVINO, JOAQUIN
Address: PO BOX 831766
City-St-Zip: MIAMI, FL 33283

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MACHADO, LUIS
Address: 305 ALCAZAR AVE SUITE 3
City-St-Zip: CORAL GABLES, FL 33134 US

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: LUIS MACHADO

MGRM

01/04/2008

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