

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 17, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90006 012 \*\*\*\*50.00

**DOCUMENT # L03000034929**

1. Entity Name  
**COATES LEARNING, LLC**



Principal Place of Business  
**600 SANDTREE DRIVE  
SUITE 206C  
PALM BEACH GARDENS, FL 33403**

Mailing Address  
**600 SANDTREE DRIVE  
SUITE 206C  
PALM BEACH GARDENS, FL 33403**

**34008744**



2. Principal Place of Business  
**Same**

3. Mailing Address  
**Same**

Suite, Apt. #, etc.  
**Suite 106**

Suite, Apt. #, etc.  
**Suite 106**

05032004 Chg-LLC CR2E083 (10/03)

City & State  
**Same**

City & State  
**Same**

4. FEI Number  
**510484612**

Applied For  
**Not Applicable**

Zip  
**Same**

Country  
**Same**

Zip  
**Same**

Country

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

**6. Name and Address of Current Registered Agent**

**KENNEDY, PAUL R ESQ.  
11891 U.S. HIGHWAY ONE  
ST. E. 100  
NORTH PALM BEACH, FL 33408**

**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

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 September 8, 2004**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
**Executive Director/MGR MBR** ☐ Delete  
NAME  
**Leslie A. Coates,**  
STREET ADDRESS  
**600 Sandtree Drive #106**  
CITY-ST-ZIP  
**Palm Beach Gardens FL 33407**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

**10. ADDITIONS/CHANGES**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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:

**Leslie A. Coates**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4/27/04**

Date

**561  
622 2700**

Daytime Phone #