

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90059 048 \*\*\*\*50.00

|                                         |  |                                                                                   |
|-----------------------------------------|--|-----------------------------------------------------------------------------------|
| DOCUMENT # L03000052737                 |  |  |
| 1. Entity Name<br>WAKE UP TRAINING, LLC |  |                                                                                   |

|                                                                          |                                                       |
|--------------------------------------------------------------------------|-------------------------------------------------------|
| Principal Place of Business<br>5815 E. COLONIAL DR.<br>ORLANDO, FL 32807 | Mailing Address<br>PO BOX 721723<br>ORLANDO, FL 32872 |
|--------------------------------------------------------------------------|-------------------------------------------------------|

|                                                               |                     |
|---------------------------------------------------------------|---------------------|
| 2. Principal Place of Business<br>14321 Peacock Springs Trail | 3. Mailing Address  |
| Suite, Apt. #, etc.                                           | Suite, Apt. #, etc. |

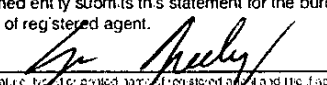
|                             |                |
|-----------------------------|----------------|
| City & State<br>Orlando, FL | City & State   |
| Zip<br>32828                | Country<br>USA |



04282005 Chg-LLC CR2E083 (10/03)

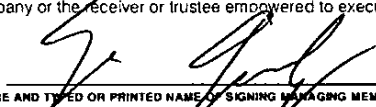
|                                                                                                                          |  |
|--------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><br>GREELEY, SEAN R<br>14202 CHEVAL MAYFAIRE DR.<br>ORLANDO, FL 32828 |  |
|--------------------------------------------------------------------------------------------------------------------------|--|

|                                                                                   |                                |
|-----------------------------------------------------------------------------------|--------------------------------|
| 7. Name and Address of New Registered Agent                                       |                                |
| Name<br>Greeley Sean R                                                            | Approved For<br>Not Applicable |
| Street Address (P.O. Box Number is Not Acceptable)<br>14321 Peacock Springs Trail |                                |
| City<br>Orlando                                                                   | Zip Code<br>32828              |

|                                                                                                                                                                                                                               |                 |
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| 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<br>                                                                                                                               | Date<br>4/25/05 |

|                                             |                                                      |
|---------------------------------------------|------------------------------------------------------|
| Filing Fee is \$50.00<br>Due by May 1, 2005 | Make check payable to<br>Florida Department of State |
|---------------------------------------------|------------------------------------------------------|

| 9. MANAGING MEMBERS/MANAGERS                   |                                                                                                             | 10. ADDITIONS/CHANGES                          |                                                                                                                                                           |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | MGR<br>GREELEY, SEAN R<br>14202 CHEVAL MAYFAIRE DR.<br>ORLANDO, FL 32828<br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | MGR<br>Greeley Sean R<br>14321 Peacock Springs Trail<br>Orlando, FL 32828<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | <input type="checkbox"/> Delete                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | <input type="checkbox"/> Delete                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | <input type="checkbox"/> Delete                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | <input type="checkbox"/> Delete                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | <input type="checkbox"/> Delete                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 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:<br>                                                                                                                                                                                                                                                                                                                                                                                                             | Date<br>4/25/05 |

407.376.2795