

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000000773

FILED
Jan 22, 2007
Secretary of State

Entity Name: FOUNDATIONS LEARNING CENTER LLC

Current Principal Place of Business:

139 WESTON ROAD
WESTON, FL 33326 US

New Principal Place of Business:

Current Mailing Address:

139 WESTON ROAD
WESTON, FL 33326 US

New Mailing Address:

FEI Number: 36-4546213

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMADOR, MARK R
301 SW 158 TERRACE
#201
PEMBROKE PINES, FL 33027 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: AMADOR, ROLANDO
Address: 301 SW 158 TERRACE #201
City-St-Zip: PEMBROKE PINES, FL 33027 US

Title: MGRM () Delete
Name: AMADOR, MARK R
Address: 301 SW 158 TERRACE #201
City-St-Zip: PEMBROKE PINES, FL 33027 US

Title: MGRM () Delete
Name: AMADOR, ALYSSA M
Address: 301 SW 158 TERRACE #201
City-St-Zip: PEMBROKE PINES, FL 33027 US

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: CONOVER, ALYSSA M
Address: 10420 NW 19TH STREET
City-St-Zip: PEMBROKE PINES, FL 33026 US

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK AMADOR

MGRM

01/22/2007

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