2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

FILED Feb 07, 2005 8:00 am Secretary of State

Daytime Phone #

1. Entity Nam	CUMENT # L0400001611 ITRAL FLORIDA COLLEGE, LLC							02-07-200:	5 90281 ()38 ****50.	.00	
Principal Place of Business Mailing Address 1573 W. FAIRBANKS AVE. WINTER PARK, FL 32789 WINTER PARK, FL 32789									20008	1013	•	
2. Principal P	lace of Busin	ness	3. Mailing Address									
Suite, Api, W. etc.			Suite, Apt. #, etc.				01252005	Chg-LLC	CR2	E083 (10/03)		
City & State			City & State				4. FEI Num 11-37	ber 13069			optied For of Applicable	
Zip		- Country	Zip	Country			5. Certificate of Status Desired Status Desired Fee Required					
· · · · · · · · · · · · · · · · · · ·	5. Name	e and Address of Current R	legistered Agent		Nome		7. Name a	nd Address of Nev	w Registere	d Agent		
4424 NEW	DLEY ROGER NEW BROAD STREET ANDO, FL 32814					Name Street Address (P.O. Box Number is Not Acceptable)						
ORLANDO), FL 328	14 ·										
	1				City				F	L Zip Cod	le ·	
B. The above	named entit	ty submits this statement for	the purpose of changing its	registere	d office o	r register	ed agent, or t	ooth, in the State of	Florida. I a	m familiar with,	and accept	
the obligat	lions of regis !	stered agent.										
SIGNATURE	Signal to honor	d or printed name of registered agent ar	- dura da - da									
	Signature, typed	o o bruseo usme or redizinaco adest a	о на в аррисация. (поле	: Hagisterec	Agent signat	rie iedraeb	when revistating)		DATE			
	1											
		is \$50.00 y 1, 2005						•		payable to Iment of Stat	•	
		y 1, 2005	RS/MANAGERS	10.	<u> </u>			Floi	rida Depari	tment of Stat	•	
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