

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000016546

**FILED**  
**Apr 28, 2005**  
**Secretary of State**

**Entity Name:** BUSINESS AND LEARNING SOLUTIONS LLC

**Current Principal Place of Business:**

9432 NW 39 STREET  
SUNRISE, FL 33351

**New Principal Place of Business:**

3801 NORTH UNIVERSITY DRIVE  
SUITE 504  
SUNRISE, FL 33351

**Current Mailing Address:**

9432 NW 39 STREET  
SUNRISE, FL 33351

**New Mailing Address:**

3801 NORTH UNIVERSITY DRIVE  
SUITE 504  
SUNRISE, FL 33351

**FEI Number:** 80-0100958

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

O'HARE, RICHARD J ESQ  
1550 MADRUGA AVENUE #120  
CORAL GABLES, FL 33146 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/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: GOODEN, DOREEN J DR.  
Address: 3801 NORTH UNIVERSITY DRIVE, SUITE 504  
City-St-Zip: SUNRISE, FL 33351 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DOREEN J. GOODEN

MGRM

04/28/2005

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