

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000016546

FILED
Apr 29, 2008
Secretary of State

Entity Name: BUSINESS AND LEARNING SOLUTIONS LLC

Current Principal Place of Business:

3801 NORTH UNIVERSITY DRIVE
SUITE 504
SUNRISE, FL 33351

New Principal Place of Business:

6009 LINDEN CIRCLE
TAMARAC, FL 33319

Current Mailing Address:

3801 NORTH UNIVERSITY DRIVE
SUITE 504
SUNRISE, FL 33351

New Mailing Address:

P.O. BOX 25615
TAMARAC, FL 33320

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/MANAGERS:

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

Title: MGRM () Delete
Name: BROWN, WINSETT T MR
Address: 3801 NORTH UNIVERSITY DRIVE, SUITE 504
City-St-Zip: SUNRISE, FL 33351 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GOODEN, DOREEN J DR.
Address: P.O. BOX 25615
City-St-Zip: TAMARAC, FL 33320 US

Title: MGRM (X) Change () Addition
Name: BROWN, WINSETT T MR
Address: P.O. BOX 25615
City-St-Zip: TAMARAC, FL 33320 US

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

MGRM

04/29/2008

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