


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000019404</b> 1. Entity Name LAS PALMAS CHARTER SCHOOL, L.L.C.	
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Principal Place of Business 14390 SW 199TH AVE MIAMI, FL 33196	Mailing Address 14390 SW 199TH AVE MIAMI, FL 33196
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**DO NOT WRITE IN THIS SPACE**



02182007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 03-0537961	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

GUTIERREZ, NICOLAS J JR, ESQ  
2885 S BAYSHORE DR, STE 200  
MIAMI, FL 33133

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
Due by May 1, 2007**

000000666714  
03/23/07-80082-012 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PENA, ALICIA 14390 SW 199TH AVE MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VALDES, ELADIO PO BOX 880548 MIAMI, FL 332860548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTINEZ, MARCO 6090 WATERWAY DR MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Alicia Pena has. Alice Pena 3/10/07 305-232-4042  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #