2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2008
Secretary of State

DOCUMENT# L04000051772

Entity Name: NATIONAL THEATER FOR ARTS & EDUCATION LLC

Current Principal Place of Business:

6001 BROKEN SOUND PARKWAY, NW
SUITE 402
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

6001 BROKEN SOUND PARKWAY, NW
SUITE 402
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 20-1417535 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BALLERANO, JAMES A JR.
1201 GEORGE BUSH BLVD.
DELRAY BEACH, FL 33483 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: MGR ( ) Delete
Name: RAPAPORT, JOYCE
Address: 17189 ROYAL COVE WAY
City-St-Zip: BOCA RATON, FL 33496

Title: MGR ( ) Delete
Name: RAPAPORT, KEITH
Address: 17189 ROYAL COVE WAY
City-St-Zip: BOCA RATON, FL 33496

Title: MGR ( ) Delete
Name: RAPAPORT, STEPHEN
Address: 17189 ROYAL COVE WAY
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES:

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

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

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

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: STEPHEN RAPAPORT MGR 02/14/2008

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