2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2006
Secretary of State

DOCUMENT# L04000058901

Entity Name: SCHOLASTIC INSURANCE OF FLORIDA, L.L.C.

Current Principal Place of Business:

3097 CAMP ROAD
OVIEDO, FL 32765 US

New Principal Place of Business:

Current Mailing Address:

3097 CAMP ROAD
OVIEDO, FL 32765 US

New Mailing Address:

2721 SUNBURY STREET
CLERMONT, FL 34711 US

FEI Number: 55-0878664 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SMITH, LANE L
2437 LAKE VISTA COURT
APT. 203
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

SMITH, LANE L
2721 SUNBURY STREET
CLERMONT, FL 34711 US

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: LANE L. SMITH 04/12/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SMITH, LANE L
Address: 2437 LAKE VISTA COURT
City-St-Zip: CASSELBERRY, FL 32707 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SMITH, LANE L
Address: 2721 SUNBURY STREET
City-St-Zip: CLERMONT, FL 34711 US

I hereby certify that the information supplied with this filing does not qualify for the 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: LANE L. SMITH MGRM 04/12/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date