2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT

Apr 21, 2008 8:00 am Secretary of State 04-21-2008 90323 013 ***138.75 DOCUMENT # L04000066238 INTERNATIONAL CENTER FOR EXCELLENCE IN EDCUATION II, L.L.C. PANTAGATA Principal Place of Business Mailing Address 5500 34TH STREET WEST 5500 34TH STREET WEST BRADENTON, FL 34210 BRADENTON, FL 34210 2. Principal Place of Business - No P.O. 8ox # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04042008 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4 FELNumber 20-1600053 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BREUNICH, GREG C Street Address (P.O. Box Number is Not Acceptable) 5500 34TH STREET WEST BRADENTON, FL 34210 City Zip Code 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. IIILE Delete TITLE Change ☐ Addition BREUNICH, GREG C NAME NAME STREET ADDRESS STREET ADDRESS 5500 34TH STREET WEST BRADENTON, FL 34210 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TATLE Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY - ST - 7IP Delete TITLE ☐ Channe ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS

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 affect 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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

☐ Delete

CITY-ST-718

STREET ADDRESS

TITLE

NAME

☐ Addition

FILED