2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

May 11, 2005 8:00 am Secretary of State DOCUMENT # L04000067026 05-11-2005 90029 001 ****50.00 LEARNING INNOVATIONS, LLC Principal Place of Business Mailing Address **526 MCDANIEL STREET 526 MCDANIEL STREET** TALLAHASSEE, FL. 32303. TALLAHASSEE, FL. 32303 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04132005 Chg-LLC CR2E083 (10/03) City & State City & State Applied For えの-Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PELLEMANS, PETRUS G Street Address (P.O. Box Number is Not Acceptable) **526 MCDANIEL STREET** TALLAHASSEE, FL 32303 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 the obligatio SIGNATURE Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. MGRM TITLE ☐ Delete TITLE **X** Change ☐ Addition PELLEMANS, RENEE L NAME REAM, RENEE L NAME STREET ADDRESS **526 MCDANIEL STREET** STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32303 CITY-ST-ZIP MGRM Delete ☐ Change ☐ Addition DILE TITLE NAME PELLEMANS, PETRUS G NAME STREET ADDRESS **526 MCDANIEL STREET** STREET ADDRESS TALLAHASSEE, FL 32303 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SY-7IP TITLE ☐ Chance ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DILE TITLE Change ☐ Addition Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

TED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED