

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000073839

FILED
May 07, 2007
Secretary of State

Entity Name: INSTITUTE FOR COGNITIVE GROWTH, LLC

Current Principal Place of Business:

5348 BURNING TREE DRIVE
ORLANDO, FL 32811

New Principal Place of Business:

Current Mailing Address:

4630 S KIRKMAN RD STE 202
ORLANDO, FL 32811

New Mailing Address:

FEI Number: 90-0200177 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

VAN DYKE, BONNIE J
5348 BURNING TREE DRIVE
ORLANDO, FL 32811 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: VAN DYKE, STEVEN J
Address: 4630 S KIRKMAN RD STE. 202
City-St-Zip: ORLANDO, FL 32811

Title: MGR () Delete
Name: VAN DYKE, BONNIE
Address: 5348 BURNING TREE DRIVE
City-St-Zip: ORLANDO, FL 32811

ADDITIONS/CHANGES:

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: STEVEN VAN DYKE

PRES

05/07/2007

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