


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 11, 2005 8:00 am**  
**Secretary of State**

01-11-2005 90020 016 \*\*\*\*\*55.00

<b>DOCUMENT # L04000082516</b> 1. Entity Name <b>EDUCATION CONSORTIUM CO. LLC</b>					
Principal Place of Business <b>15625 S.W. 16TH STREET PEMBROKE PINES, FL 33027</b>			Mailing Address <b>15625 S.W. 16TH STREET PEMBROKE PINES, FL 33027</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>1492 Hampton Hill Circle</b> Suite, Apt. #, etc.			
City & State Zip		City & State <b>McLeary, VA</b> Zip <b>22101</b>		Country <b>USA</b>	
4. FEI Number <b>52-2151174</b>		Applied For Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>PERRY, THERESE 15625 S.W. 16TH STREET PEMBROKE PINES, FL 33027</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR DEBORAH PERRY PISCIONE 15625 S.W. 16TH STREET PEMBROKE PINES, FL 33027</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM PISCIONE, DINO 15625 S.W. 16TH STREET PEMBROKE PINES, FL 33027</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.			SIGNATURE: <u>Deborah P. Piscione</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		
Date			Daytime Phone #		