2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 26, 2008
Secretary of State

DOCUMENT# L04000087687

Entity Name: CENTER 4 LEARNING, LLC

Current Principal Place of Business:

191 S. OCEAN SHORES DRIVE
KEY LARGO, FL 33037

New Principal Place of Business:

99611 OVERSEAS HIGHWAY
SUITE 292
KEY LARGO, FL 33037

Current Mailing Address:

191 S. OCEAN SHORES DRIVE
KEY LARGO, FL 33037

New Mailing Address:

99611 OVERSEAS HIGHWAY
SUITE 292
KEY LARGO, FL 33037

FEI Number: 03-0476107 **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:

STEVEN, JILL R
191 S. OCEAN SHORES DRIVE
KEY LARGO, FL 33037 US

Name and Address of New Registered Agent:

STEVENS, JILL R
99611 OVERSEAS HIGHWAY
SUITE 292
KEY LARGO, FL 33037 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: JILL R. STEVENS 06/26/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MS. ( ) Delete
Name: STEVENS, JILL R
Address: 191 S. OCEAN SHORES DRIVE
City-St-Zip: KEY LARGO, FL 33037

ADDITIONS/CHANGES:

Title: MS. (X) Change ( ) Addition
Name: STEVENS, JILL R
Address: 99611 OVERSEAS HIGHWAY, SUITE 292
City-St-Zip: KEY LARGO, FL 33037

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: JILL R. STEVENS MS 06/26/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date