

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000027775

Entity Name: LRNIVIDIC LLC

FILED
Jul 15, 2007
Secretary of State

Current Principal Place of Business:

PO BOX 1944
KEY WEST, FL 33041

New Principal Place of Business:

800 CAROLINE ST.
KEY WEST, FL 33040

Current Mailing Address:

PO BOX 1944
KEY WEST, FL 33041

New Mailing Address:

800CAROLINE ST
KEY WEST, FL 33040

FEI Number: 20-2536787 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:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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: MGR () Delete
Name: ANDERSON, JACK
Address: PO BOX 1944
City-St-Zip: KEY WEST, FL 33041

Title: MGR () Delete
Name: ANDERSON, JESSE
Address: PO BOX 1944
City-St-Zip: KEY WEST, FL 33041

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ANDERSON, JACK
Address: 800 CAROLINE ST.
City-St-Zip: KEY WEST, FL 33040

Title: MGR (X) Change () Addition
Name: ANDERSON, JESSE
Address: 800 CAROLINE ST.
City-St-Zip: KEY WEST, FL 33040

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: JACK ANDERSON

MGR

07/15/2007

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