

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000031447

FILED  
May 01, 2006  
Secretary of State

**Entity Name:** VISIONARY LEARNING, L.L.C.

**Current Principal Place of Business:**

20938 NE 37TH AVENUE  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

20938 NE 37TH AVENUE  
AVENTURA, FL 33180

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **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:**

LAW OFFICES OF KEVIN H. FABRIKANT & ASSOC  
12000 BISCAYNE BLVD.  
SUITE 609  
NORTH MIAMI, FL 33180 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:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: HURWITZ, ROBERT MGRM  
Address: 17555 COLLINS AVENUE, #508  
City-St-Zip: SUNNY ISLES, FL 33160 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Delete  
Name: PICCOLO, FRANK MGRM  
Address: 401 NE MIZNER BLVD., #T522  
City-St-Zip: BOCA RATON, FL 33432 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT HURWITZ

MGRM

05/01/2006

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