

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000034310

FILED
Apr 12, 2006
Secretary of State

Entity Name: COLLEGE ADVISORY TEAM LLC

Current Principal Place of Business:

10573 NW 57TH CT
SUITE 201
CORAL SPRINGS, FL 33076 US

New Principal Place of Business:

Current Mailing Address:

10573 NW 57TH CT
SUITE 201
CORAL SPRINGS, FL 33076 US

New Mailing Address:

FEI Number: 20-2660018

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUCAS-WOOD, YASMIN
10573 NW 57TH CT
SUITE 201
CORAL SPRINGS, FL 33076 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: MGRM () Delete
Name: LUCAS-WOOD, YASMIN
Address: 10573 NW 57TH CT, # 201
City-St-Zip: CORAL SPRINGS, FL 33076 US

Title: MGRM () Delete
Name: GOODMAN, SUSAN
Address: 10573 NW 57TH CT # 201
City-St-Zip: CORAL SPRINGS, FL 33076 US

Title: MGRM () Delete
Name: SKELTON, PATRICIA
Address: 10573 NW 57TH CT # 201
City-St-Zip: CORAL SPRINGS, FL 33076 US

ADDITIONS/CHANGES:

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

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 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: SUSAN GOODMAN

MGRM

04/12/2006

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