

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000039229

FILED
Apr 27, 2006
Secretary of State

Entity Name: DIXIE COUNTY LEARNING ACADEMY LLC

Current Principal Place of Business:

1357 NE 82 AVE
OLD TOWN,, FL 32680

New Principal Place of Business:

Current Mailing Address:

520 NE 542 STREET
OLD TOWN,, FL 32680

New Mailing Address:

P.O. BOX 672
OLD TOWN,, FL 32680

FEI Number: 20-2702862

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMENTA, SYLVIA
520 NE 542 STREET
OLD TOWN, FL 32680 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: LAMENTA, SYLVIA
Address: 520 NE 542 STREET
City-St-Zip: OLD TOWN, FL 32680

Title: MGRM () Delete
Name: LAMENTA, FABIAN
Address: 520 NE 542 STREET
City-St-Zip: OLD TOWN, FL 32680

Title: MGRM () Delete
Name: CHRISTIE, JAMES P
Address: 12650 NW HWY 19
City-St-Zip: CHIEFLAND, FL 32626

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: LAMENTA, STEPHANIE
Address: 2945 WHITEHEAD STREET
City-St-Zip: MIAMI, FL 33133

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: SYLVIA LAMENTA

MGR

04/27/2006

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