


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000058225</b>		
1. Entity Name <b>PARK EDUCATIONAL CONSULTING SERVICES, LLC</b>		
Principal Place of Business <b>3517 COLONNADE DRIVE TALLAHASSEE, FL 32309</b>	Mailing Address <b>3517 COLONNADE DRIVE TALLAHASSEE, FL 32309</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
5. Name and Address of Current Registered Agent  <b>PARK, CAMILLE D 3517 COLONNADE DRIVE TALLAHASSEE, FL 32309</b>		<b>DO NOT WRITE IN THIS SPACE</b>
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>Filing Fee is \$50.00 Due by September 14, 2007</b>		
U00000768504 07/12/07-80014-010 50.00		
<b>9. MANAGING MEMBERS/MANAGERS</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PARK, CAMILLE 3517 COLONNADE DR TALLAHASSEE, FL 32309	<b>DO NOT WRITE IN THIS SPACE</b>
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.		
<b>SIGNATURE:</b> <u>Camille D. Park</u> <u>Camille D. Park</u> <u>7/10/07</u> <u>(850) 893-7555</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		