

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000066493

FILED  
May 10, 2007  
Secretary of State

Entity Name: EDUCATION ENHANCEMENT, LLC

**Current Principal Place of Business:**

2088 E. EDGEWOOD DR.  
LAKELAND, FL 33803

**New Principal Place of Business:**

**Current Mailing Address:**

2550 HIGHLANDS VUE PKWY  
LAKELAND, FL 33813

**New Mailing Address:**

2550 HIGHLANDS VUE PKWY  
LAKELAND, FL 33812

FEI Number: 20-3332141      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:**

HOPKINS, KEITH W  
2550 HIGHLANDS VUE PKWY.  
LAKELAND, FL 33813      US

**Name and Address of New Registered Agent:**

HOPKINS, KEITH W  
2550 HIGHLANDS VUE PKWY.  
LAKELAND, FL 33812      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:

05/10/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: HOPKINS, KEITH W  
Address: 2550 HIGHLANDS VUE PKWY.  
City-St-Zip: LAKELAND, FL 33813

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: HOPKINS, KEITH W  
Address: 2550 HIGHLANDS VUE PKWY.  
City-St-Zip: LAKELAND, FL 33812

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: KEITH W. HOPKINS

MGRM

05/10/2007

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