

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000067064

FILED  
Jan 16, 2008  
Secretary of State

Entity Name: HUXTABLE EDUCATION GROUP, LLC

## Current Principal Place of Business:

3667 SILVER BLUFF BLVD.  
ORANGE PARK, FL 32065

## New Principal Place of Business:

1225 W. BEAVER STREET  
SUITE 123  
JACKSONVILLE, FL 32204

## Current Mailing Address:

9526 ARGYLE FOREST BLVD  
SUITE B2 #319  
JACKSONVILLE, FL 32222

## New Mailing Address:

1225 W. BEAVER STREET  
SUITE 123  
JACKSONVILLE, FL 32204

FEI Number: 06-1751783

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HUXTABLE-MOUNT, GRACE R  
3667 SILVER BLUFF BLVD.  
ORANGE PARK, FL 32065 US

## Name and Address of New Registered Agent:

HUXTABLE-MOUNT, GRACE R  
268 NOBLE CIRCLE WEST  
JACKSONVILLE, FL 32211 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:

01/16/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: HUXTABLE-MOUNT, GRACE R  
Address: 3667 SILVER BLUFF BLVD.  
City-St-Zip: ORANGE PARK, FL 32065

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: HUXTABLE-MOUNT, GRACE R  
Address: 268 NOBLE CIRCLE WEST  
City-St-Zip: JACKSONVILLE, FL 32211

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: GRACE HUXTABLE-MOUNT

MGRM

01/16/2008

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