


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90349 020 \*\*\*\*55.00

<b>DOCUMENT # L05000072604</b> 1. Entity Name <b>PERFORMANCE EDUCATION NETWORK, LLC</b>					
Principal Place of Business <b>214 ORANGE LANE HAWTHORNE, FL 32640</b>			Mailing Address <b>214 ORANGE LANE HAWTHORNE, FL 32640</b>		
2. Principal Place of Business <b>210 SW Nightingale St.</b> Suite, Apt. #, etc. <b>Suite B</b> City & State <b>Keystone Heights FL</b> Zip <b>32656</b> Country <b>USA</b>		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number <b>20-3922304</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				03092006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent  <b>CREWS, KATHERINE R 214 ORANGE LANE HAWTHORNE, FL 32640</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CREWS, KATHERINE R 214 ORANGE LANE HAWTHORNE, FL 32640</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BEACH, JEAN E 224 ORANGE LANE HAWTHORNE, FL 32640</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM KNOWLES, CHRISTOPHER D 214 ORANGE LANE HAWTHORNE, FL 32640</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BEACH, MAX L 224 ORANGE LANE HAWTHORNE, FL 32640</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: Katherine R. Crews</b> <b>3/8/06</b> <b>352-481-361</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					