2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
07 SEP 14 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000073490

1. Entity Name
CENTER FOR CAREER DEVELOPMENT, LLC

Principal Place of Business	Mailing Address
10335 CROSS CREEK BLVD SUITE 11 TAMPA, FL 33647-7900 US	10335 CROSS CREEK BLVD SUITE 11 TAMPA, FL 33647-7900 US

05072007 — Chg-LLC — CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2011 Indian Trails	216 E. County Rd 540 A
Suite, Apt. #, etc.	Suite, Apt. #, etc. #124
City & State: Lakeland	City & State: Lakeland FL.
Zip: 33813 Country: U.S.A	Zip: 33813 Country: USA

4. FEI Number: 30-0338035 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORTED
1203 GOVERNORS SQUARE BLVD.
SUITE 101
TALLAHASSEE, FL 32301-2960

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRAMS, ELOISE 2011 INDIAN TRAILS LAKELAND, FL 33813	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 100109774021 09/21/07--01067--009 **55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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.

SIGNATURE: Eloise Grams Eloise Grams 9/12/07 863-670-7754
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Eloise Grams Eloise Grams 9/12/07.