

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000081808

FILED
Apr 19, 2007
Secretary of State

Entity Name: LEGAL TECHNICIAN TRAINING INSTITUTE, LLC

Current Principal Place of Business:

800 VILLAGE SQUARE CROSSING
SUITE 318
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

800 VILLAGE SQUARE CROSSING
SUITE 318
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GRANAT, RICHARD
112 VIA CONDADO WAY
PALM BEACH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GRANAT, RICHARD
Address: 112 VIA CONDADO WAY
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: MGRM () Delete
Name: GRANAT, NANCY
Address: 112 VIA CONDADO WAY
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES:

Title: () Change () Addition
Name: () Change () Addition
Address: () Change () Addition
City-St-Zip: () Change () Addition

Title: () Change () Addition
Name: () Change () Addition
Address: () Change () Addition
City-St-Zip: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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: RICHARD GRANAT PRES 04/19/2007

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