

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000085064

Entity Name: IMAGINE - PINELLAS COUNTY, LLC

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

3250 MARY STREET, SUITE 202
COCONUT GROVE, FL 33133

New Principal Place of Business:

Current Mailing Address:

1005 N GLEBE RD
STE 610
ARLINGTON, VA 22201

New Mailing Address:

FEI Number: 20-4513599 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:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: IMAGINE SCHOOLS NON-PROFIT, INC
Address: 1005 N GLEBE RD STE 610
City-St-Zip: ARLINGTON, VA 22201

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BRADSHAW, BOB
Address: 1751 65TH ST
City-St-Zip: N ST PETERSBURG, FL 33710

Title: MGR () Change (X) Addition
Name: HASSE, WES
Address: 3593 YARDLEY AVE
City-St-Zip: N ST PETERSBURG, FL 33713

Title: MGR () Change (X) Addition
Name: CATLIN, CHRISTY
Address: 5309 29TH ST
City-St-Zip: ELLENTON, FL 34222

Title: MGR () Change (X) Addition
Name: MATTHEWS, JUSTIN
Address: 1000 INNOVATION DR
City-St-Zip: NORTH PORT, FL 34289

Title: MGR () Change (X) Addition
Name: PAULSON, DIANNA
Address: 1822 PIPERS MEADOW DR
City-St-Zip: PALM HARBOR, FL 34683

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: ELEEN BAKKE

S

05/01/2009

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