2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000085093

Title:

Name:

Address:

City-St-Zip:

() Delete

Entity Name: IMAGINE - PASCO COUNTY, LLC

FILED Aug 27, 2008 Secretary of State

Current Principal Place of Business: 3250 MARY STREET, SUITE 202 COCONUT GROVE, FL 33133			New Princ	cipal Place of Business:	
Current Mailing Address:			New Mailing Address:		
1005 N GLI SUITE 610 ARLINGTO	EBE RD N, VA 22201				
FEI Number:	20-4513500	FEI Number Applied For ()	FEI Number Not Appl	licable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both					
in the State		ubmits this statement for the pu	rpose or changing i	its registered office or registered agent, or both	
SIGNATUR	RE:				
	Electroni	c Signature of Registered Agen	t	Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	IMAGINE SCHOOL 1005 N GLEBE F		Title: Name: Address: City-St-Zip:	MGR (X) Change () Addition WHELAN, TED 5424 BOLD VENTURE PLACE WESLEY CHAPEL, FL 33544	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	MGR () Change (X) Addition RENDUELES, STACY B 1532 LAND O'LAKES BLVD. SUITE B LUTZ, FL 33549	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	MGR () Change (X) Addition PATTON, ROBBIN R 1120 E. KENNEDY BLVD., UNIT 1430 TAMPA, FL 33602	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	MGR () Change (X) Addition INMAN, TERRY 4833 ARTESIAN ROAD LAND O'LAKES, FL 34638	

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.

Title:

Name:

Address:

City-St-Zip:

MGR

ROBERSON, GLEN 10124 COLDWATER LOOP

LAND O'LAKES, FL 34638

() Change (X) Addition

SIGNATURE: TED WHELAN MGR 08/27/2008