

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000085093

FILED
May 01, 2009
Secretary of State

Entity Name: IMAGINE - PASCO COUNTY, LLC

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
SUITE 610
ARLINGTON, VA 22201

New Mailing Address:

FEI Number: 20-4513500 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:

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 of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WHELAN, TED
Address: 5424 BOLD VENTURE PLACE
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: MGR () Delete
Name: RENDUELES, STACY B
Address: 1532 LAND O'LAKES BLVD. SUITE B
City-St-Zip: LUTZ, FL 33549

Title: MGR () Delete
Name: PATTON, ROBBIN R
Address: 1120 E. KENNEDY BLVD., UNIT 1430
City-St-Zip: TAMPA, FL 33602

Title: MGR () Delete
Name: INMAN, TERRY
Address: 4833 ARTESIAN ROAD
City-St-Zip: LAND O'LAKES, FL 34638

Title: MGR () Delete
Name: ROBERSON, GLEN
Address: 10124 COLDWATER LOOP
City-St-Zip: LAND O'LAKES, FL 34638

ADDITIONS/CHANGES:

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

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

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

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

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

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: EILEEN BAKKE

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05/01/2009

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