

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000086276

**FILED**  
**Apr 28, 2008**  
**Secretary of State**

**Entity Name:** IMAGINE SCHOOL AT SOUTH INDIAN RIVER 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  
STE 610  
ARLINGTON, VA 22201

**New Mailing Address:**

**FEI Number:** 20-4513784      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**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

**ADDITIONS/CHANGES:**

**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

SEC

04/28/2008

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