2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State
01-23-2006 90134 037 ****50.00

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1. Entity Name
QUANTUM LEAP EDUCATIONAL SERVICES, LLC

20001664

Principal Place of Business	Mailing Address
1907 ATLANTIC BOULEVARD JACKSONVILLE, FL 32207	1907 ATLANTIC BOULEVARD JACKSONVILLE, FL 32207

01132006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
1523 University Blvd. W	Same as # 2
Suite, Apt. #, etc.: Suite # 163	Suite, Apt. #, etc.: Suite # 163
City & State: Jacksonville, FL	City & State:
Zip: 32217 Country: USA	Zip: Country:

4. FEI Number: 263881655 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ZENICK, SUSAN 1907 ATLANTIC BOULEVARD , Suite 2 JACKSONVILLE, FL 32207	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ZENICK, SUSAN	NAME	
STREET ADDRESS	1907 ATLANTIC BOULEVARD , Suite 2	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Susan P Zenick 1/20/2006 904 7339870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #