

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000092312

FILED  
Jan 14, 2008  
Secretary of State

Entity Name: QUANTUM LEAP EDUCATIONAL SERVICES, LLC

## Current Principal Place of Business:

1523 UNIVERSITY BLVD W.  
SUITE 163  
JACKSONVILLE, FL 32217

## New Principal Place of Business:

4221 BAYMEADOWS ROAD  
SUITE 6  
JACKSONVILLE, FL 32217

## Current Mailing Address:

1523 UNIVERSITY BLVD W.  
SUITE 163  
JACKSONVILLE, FL 32217

## New Mailing Address:

4221 BAYMEADOWS ROAD  
SUITE 6  
JACKSONVILLE, FL 32217

FEI Number: 26-3886655

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ZENICK, SUSAN  
1907 ATLANTIC BOULEVARD  
JACKSONVILLE, FL 32207 US

## Name and Address of New Registered Agent:

ZENICK, LARRY S  
4221 BAYMEADOWS ROAD  
STE., 6  
JACKSONVILLE, FL 3221 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: LARRY S ZENICK

01/14/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: ZENICK, SUSAN  
Address: 1907 ATLANTIC BLVD SUITE 2  
City-St-Zip: JACKSONVILLE, FL 32207

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: ZENICK, LARRY  
Address: 4221 BAYMEADOWS ROAD STE., 6  
City-St-Zip: JACKSONVILLE, FL 32217

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: LARRY S ZENICK

MR

01/14/2008

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