

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000094521

FILED
May 01, 2006
Secretary of State

Entity Name: PAINTED OAKS ACADEMY, LLC

Current Principal Place of Business:

15100 LAKE PICKETT ROAD
ORLANDO, FL 32820

New Principal Place of Business:

Current Mailing Address:

15100 LAKE PICKETT ROAD
ORLANDO, FL 32820

New Mailing Address:

FEI Number: 68-0604944 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

OTTERSEN, DAVID P
10801 NORCROSS CIRCLE
ORLANDO, FL 32825 US

Name and Address of New Registered Agent:

OTTERSEN, DAVID P
15151 LAKE PICKETT ROAD
ORLANDO, FL 32820 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: DAVID P. OTTERSEN

05/01/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: OTTERSEN, DAVID P
Address: 15100 LAKE PICKETT ROAD
City-St-Zip: ORLANDO, FL 32820

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: OTTERSEN, DAVID P
Address: 15151 LAKE PICKETT ROAD
City-St-Zip: ORLANDO, FL 32820

Title: MGR () Change (X) Addition
Name: OTTERSEN, LISA E
Address: 10801 NORCROSS CIRCLE
City-St-Zip: ORLANDO, FL 32825 US

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID P. OTTERSEN

MGR

05/01/2006

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