

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000102533

FILED
May 03, 2006
Secretary of State

Entity Name: F&F EDUCATIONAL SERVICES, LLC

Current Principal Place of Business:

CARBONELL PLAZA, SUITE 2605
901 BRICKELL KEY BLVD.
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

CARBONELL PLAZA, SUITE 2605
901 BRICKELL KEY BLVD.
MIAMI, FL 33131

New Mailing Address:

35 HUDSON ST
1912
JERSEY CITY, NJ 07302

FEI Number: 20-3661769 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:

Name and Address of New Registered Agent:

MERKIN, STEWART A ESQ.
444 BRICKELL AVENUE, STE. 300
MIAMI, FL 33131 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: FONTANALS, VALERIA
Address: 901 BRICKELL KEY BLVD., STE. 2605
City-St-Zip: MIAMI, FL 33131

Title: MGR () Delete
Name: FERRERES, MARIA P
Address: 901 BRICKELL KEY BLVD., STE. 2605
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

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 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: MARIA P FERRERES

MGR

05/03/2006

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