2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000036828

Name:

Address:

City-St-Zip:

BEUTEL, DEBORAH

1773 SW CATALONIA STREET

PORT ST LUCIE, FL 34987 US

Entity Name: ST LUCIE ACADEMY, LLC

FILED Jun 08, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 751 SE PORT ST LUCIE BLVD PORT ST LUCIE, FL 34984 **Current Mailing Address: New Mailing Address:** 751 SE PORT ST LUCIE BLVD PORT ST LUCIE, FL 34984 US FEI Number: 83-0485106 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: GENTRY, ANTONIA L 751 SE PORT ST LUCIE PORT ST LUCIE, FL 34984 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete GENTRY, ANTONIA L Name: Name: Address: 751 SE PORT ST LUCIE BLVD Address: City-St-Zip: PORT ST LUCIE, FL 34984 US City-St-Zip: Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: BORDEN, MARTIN R Name: GREEN, MICHELLE E Address: 219 BRAZILLIAN CIRCLE Address: 751 SE PORT ST LUCIE BLVD City-St-Zip: PORT ST LUCIE, FL 34952 US City-St-Zip: PORT ST LUCIE, FL 34984 US Title: MGRM () Delete Title: () Change () Addition MACK, SHARON J Name: Name: 751 SE PORT ST LUCIE BLVD Address: Address: City-St-Zip: PORT ST LUCIE, FL 34984 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: SHARON J MACK MGMR 06/08/2007