

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000052210

FILED  
Mar 20, 2009  
Secretary of State

**Entity Name:** BETHANY EDUCATIONAL CENTER , L.L.C

**Current Principal Place of Business:**

6229 WINEGARD ROAD  
ORLANDO, FL 32809

**New Principal Place of Business:**

**Current Mailing Address:**

5614 HOLLOW OAK ROAD  
ORLANDO, FL 32808

**New Mailing Address:**

6229 WINEGARD ROAD  
ORLANDO, FL 32809

**FEI Number:** 27-0143726

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

TOUSSAINT, CAROL  
5569 S. ORANGE BLOSSOM TRL  
ORLANDO, FL 32839 US

**Name and Address of New Registered Agent:**

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: PRS ( ) Delete  
Name: DERTES, GILBERT  
Address: 5614 HOLLOW OAK ROAD  
City-St-Zip: ORLANDO, FL 32808

Title: MGRM ( ) Delete  
Name: DERTES, LORPHINE J  
Address: 5614 HOLLOW OAK ROAD  
City-St-Zip: ORLANDO, FL 32808

**ADDITIONS/CHANGES:**

Title: PRS (X) Change ( ) Addition  
Name: DERTES, GILBERT  
Address: 6229 WINEGARD ROAD  
City-St-Zip: ORLANDO, FL 32809

Title: MGRM (X) Change ( ) Addition  
Name: DERTES, LORPHINE J  
Address: 6229 WINEGARD ROAD  
City-St-Zip: ORLANDO, FL 32809

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:** GILBERT DERTES

PRS

03/20/2009

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