2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L06000072415

1. Entity Name

ILEAD ACADEMY, LLC



FILED Apr 14, 2008 08:00 AN **Secretary of State**

Principal Place of Business

14143 N. CYPRESS COVE CIRCLE **DAVIE, FL 33325**

Mailing Address

14143 N. CYPRESS COVE CIRCLE

DAVIE, FL 33325



04112008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-5237344

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MUJTABA, BAHAUDIN G 14143 N. CYPRESS COVE CIRCLE **DAVIE, FL 33325**

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of chan	ging its registered office or registered agent, or b	oth, in the State of Florida. I am famil	iar with, and accept
the obligations of registered agent.	2 /		
SIGNATURE Bahandin G. Mujtaby: Bly to		April 12, 20	0.0 Q
SIGNATURE Danayain G. May all 1, 17/1/20 le		14/11 12/ CC	<i>10 0</i>
Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE	

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U00000898653 04/28/08-80006-001 143.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-SI-ZIP	MGR MUJTABA, BAHAUDIN G 14143 N. CYPRESS COVE CIRCLE DAVIE, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MUJTABA, LISA M 14143 N. CYPRESS COVE CIRCLE DAVIE, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
11 I hereby i	partify that the information supplied with this filling does not qualify for the ex

DO NOT WRITE IN THIS SPACE

I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

Bahaudin B. Muitaba-

04-12-2008

(954)423-836(

Daytime Phone #