2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# L06000078900

Entity Name: IMAGINE - OSCEOLA COUNTY, LLC

Current Principal Place of Business:

3250 MARY STREET, SUITE 202
COCONUT GROVE, FL 33133

New Principal Place of Business:

Current Mailing Address:

1005 NORTH GLEBE ROAD SUITE 610
ARLINGTON, VA 22201

New Mailing Address:

FEI Number: 26-0468343 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: MGRM ( ) Delete
Name: IMAGINE SCHOOLS NONPROFIT, INC.
Address: 1005 NORTH GLEBE ROAD, SUITE 610
City-St-Zip: ARLINGTON, VA 22201

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

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

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: FLESHMAN, GLORIA
Address: 2634 QUARTER DECK CT
City-St-Zip: KISSIMMEE, FL 34743

Title: MGR ( ) Change (X) Addition
Name: WENDLER O'BRIEN, SUSAN
Address: 15755 BAY VISTA DR
City-St-Zip: CLERMONT, FL 34711

Title: MGR ( ) Change (X) Addition
Name: ASSELTA, CHRISTOPHER
Address: 3238 HERONS POINT CIRCLE
City-St-Zip: KISSIMMEE, FL 34711

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: EILEEN BAKKE S 05/01/2009

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