

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000078911

FILED
May 01, 2009
Secretary of State

Entity Name: IMAGINE - DUVAL 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: 26-1340648 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:

Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: MGRM () Delete
Name: IMAGINE SCHOOLS NON-PROFIT, 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:

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

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FLORY, DAVID
Address: 4063 SAN JOSE BLVD
City-St-Zip: JACKSONVILLE, FL 32207

Title: MGR () Change (X) Addition
Name: VERKONDA, KERRY
Address: 13846 ATLANTIC BLVD #607
City-St-Zip: JACKSONVILLE, FL 32225

Title: MGR () Change (X) Addition
Name: PICKREN, LINDSEY
Address: 4010 GENTLE KNOLL DR
City-St-Zip: JACKSONVILLE, FL 32258

Title: MGR () Change (X) Addition
Name: HOWARD, LORI
Address: 525 MACKENZIE CIRCLE
City-St-Zip: ST AUGUSTINE, FL 32092

Title: MGR () Change (X) Addition
Name: WILLIAMS, JILL
Address: 57023 EVERGREEN TRAIL
City-St-Zip: CALLAHAN, FL 32011

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