

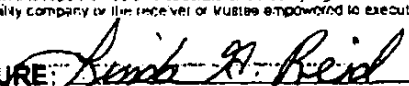
2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-20-2007 90027 026 *****50.00
L06000085702

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000085702			
1. Entity Name SUPERIOR CHRISTIAN ACADEMY "LLC"		Principal Place of Business 825 SUPERIOR STREET JACKSONVILLE, FL 32254	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 825 SUPERIOR STREET JACKSONVILLE, FL 32254	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-4978765		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		04102007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent REID, LINDA G 3346 DEERFIELD POINTE DRIVE ORANGE PARK, FL 32073		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE		DATE	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete Linda G. Reid 3346 Deerfield Pointe Drive Orange Park, FL 32073	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition MGR Linda G. Reid 3346 Deerfield Pointe Drive Orange Park, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing 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.			
SIGNATURE: 		LINDA G. REID, OWNER	
BY HAND AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date: 4/20/07 (gma) 351-9951	