## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000085714

Address:

City-St-Zip:

CLERMONT, FL 34711

Entity Name: MAITLAND ACADEMY, LLC

FILED Apr 04, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 140 TONINA COVE SUITE 100 MAITLAND, FL 32751 **New Mailing Address: Current Mailing Address:** 140 TONINA COVE SUITE 100 MAITLAND, FL 32751 FEI Number: 30-0385470 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LLULL, JOSE R 140 TÓNINA COVE SUITE 100 MAITLAND, FL 32751 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: ADDITIONS/CHANGES: Title: MGRM (X) Change ( ) Addition MGR () Delete LLULL, ANTONIA B LLULL, ANTONIA B Name: Name: 2609 ILLINOIS ST. Address: 2609 ILLINOIS ST. Address: City-St-Zip: ORLANDO, FL 32803 City-St-Zip: ORLANDO, FL 32803 Title: MGRM (X) Delete Title: () Change () Addition FITZGERALD, APRIL Name: Name: Address: 1719 MARKHAM GLEN CIR. Address: City-St-Zip: LONGWOOD, FL 32779 City-St-Zip: Title: MGRM (X) Delete Title: () Change () Addition BOUFFARD, LARA C Name: Name: Address: 2739 UPPER PARK RD. Address: City-St-Zip: ORLANDO, FL 32814 City-St-Zip: Title: MGRM (X) Delete Title: () Change () Addition FENNELL, RENAE M Name: Name: 7620 BROKEN ARROW TRAIL Address: Address: City-St-Zip: WINTER PARK, FL 32792 City-St-Zip: MGRM Title: (X) Delete Title: () Change () Addition DEFRANC, KRISTEN M Name: Name: 10301 CAYO COSTA COURT

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: ANTONIA B. LLULL **MGRM** 04/04/2007