2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000089206

1. Entity Name
THE FLORIDA MATH INSTITUTE, LLC

Principal Place of Business	Mailing Address
401 SHADY PINE COURT	401 SHADY PINE COURT
CLERMONT, FL 34711	CLERMONT, FL 34711

DO NOT WRITE IN THIS SPACE

5U0U5I7b

04142008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-8528557	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MOORE, MICHAEL L ESQ
640 NORTH HILLSIDE AVENUE   N/A
ORLANDO, FL 32803

DO NOT WRITE IN THIS SPACE

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 N/A

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

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FRAZIER, JUSTUS F
STREET ADDRESS	401 SHADY PINE COURT *P.O. Box 1180*
CITY-ST-ZIP	CLERMONT, FL 34711 *Minneola, FL34755*

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	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: X *Justin Frazier*   *4/14/08*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #