

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000102667

FILED
Apr 21, 2009
Secretary of State

Entity Name: NEW ENGLAND EDUCATION GROUP, LLC

Current Principal Place of Business:

CRA. 14 NO. 93 B - 32
503
BOGOTA, CO BOGOTA CO

New Principal Place of Business:

6333 MEMORIAL HWY
TAMPA, FL 33615 US

Current Mailing Address:

5805 BLUE LAGOON DRIVE
STE 200
MIAMI, FL 33126

New Mailing Address:

6333 MEMORIAL HWY
TAMPA, FL 33615 US

FEI Number: 68-0637769

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AG CORPORATE SERVICES, LLC
5805 BLUE LAGOON DRIVE
STE 200
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

LOPEZ, ERNEST
10906 SHELDON RD
TAMPA, FL 33626 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: ERNEST LOPEZ

04/21/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BARBOSA LUQUE, ALFREDO
Address: CRA. 14 # 93 B 32 OF 503
City-St-Zip: BOGOTA, . COLOMBIA

Title: MGR () Delete
Name: CIFUENTES, EMPERATRIZ
Address: CRA. 14 # 93 B 32 OF 503
City-St-Zip: BOGOTA, . COLOMBIA

Title: MGR () Delete
Name: BARBOSA, CRISTINA
Address: CRA. 14 # 93 B 32 OF 503
City-St-Zip: BOGOTA, . COLOMBIA

Title: MGR () Delete
Name: BARBOSA, MARCELA
Address: CRA. 14 # 93 B 32 OF 503
City-St-Zip: BOGOTA, . COLOMBIA

Title: MGR () Delete
Name: DELGADO, JULIO
Address: CRA. 14 # 93 B 32 OF 503
City-St-Zip: BOGOTA, . COLOMBIA

Title: MGR () Delete
Name: VILLALOBOS, RAFAEL
Address: CRA. 14 # 93 B 32 OF 503
City-St-Zip: BOGOTA, . COLOMBIA

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JULIO DELGADO

MGR

04/21/2009

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