

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000110943

FILED
Jan 03, 2008
Secretary of State

Entity Name: CLYATT HOUSE LEARNING CENTER, LLC.

Current Principal Place of Business:

211 NE 4TH ST
CHIEFLAND, FL 32626 US

New Principal Place of Business:

3690 NW 120TH STREET
CHIEFLAND, FL 32626 US

Current Mailing Address:

211 NE 4TH ST
CHIEFLAND, FL 32626 US

New Mailing Address:

PO BOX 1070
CHIEFLAND, FL 32644 US

FEI Number: 20-5917788

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PITTS, FRANK T SR.
4771 NW 60TH AVE
CHIEFLAND, FL 32626 US

Name and Address of New Registered Agent:

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: PITTS, VICKY J
Address: 4771 NW 60TH AVENUE
City-St-Zip: CHIEFLAND, FL 32626 US

Title: MGRM () Delete
Name: PITTS, FRANK T SR.
Address: 4771 NW 60TH AVENUE
City-St-Zip: CHIEFLAND, FL 32626 US

Title: MGRM () Delete
Name: PITTS, JONATHAN A
Address: 4771 NW 60TH AVENUE
City-St-Zip: CHIEFLAND, FL 32626 US

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:

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: JONATHAN PITTS

MGRM

01/03/2008

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