

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000114971

FILED  
Apr 22, 2007  
Secretary of State

**Entity Name:** PHOENIX EDUCATIONAL FOUNDATION LLC

**Current Principal Place of Business:**

1778 PARK AVENUE NORTH, SUITE 200  
MAITLAND, FL 32751

**New Principal Place of Business:**

**Current Mailing Address:**

4989 SAWDUST CIRCLE  
OCOE, FL 34761

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GLANTZ, BRIAN  
4989 SAWDUST CIRCLE  
OCOE, FL 34761 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: D ( ) Delete  
Name: GLANTZ, BRIAN  
Address: 4989 SAWDUST CIRCLE  
City-St-Zip: OCOE, FL 34761

Title: D ( ) Delete  
Name: GLANTZ, KIMBERLY  
Address: 4989 SAWDUST CIRCLE  
City-St-Zip: OCOE, FL 34761

**ADDITIONS/CHANGES:**

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 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: BRIAN GLANTZ

D

04/22/2007

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