

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000116375

FILED  
Feb 14, 2007  
Secretary of State

Entity Name: ALL STARS LEARNING CENTER, LLC

**Current Principal Place of Business:**

5321 VILLAGE MARKET DR  
WESLEY CHAPEL, FL 33543

**New Principal Place of Business:**

**Current Mailing Address:**

5321 VILLAGE MARKET DR  
WESLEY CHAPEL, FL 33543

**New Mailing Address:**

FEI Number: 20-5983720

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

O'ROURKE, COLLEEN  
4805 W. LAUREL ST., SUITE 230  
TAMPA, FL 33607 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: THEOPHILLE, CARLA  
Address: 20106 SHADY HILL COVE  
City-St-Zip: TAMPA, FL 33647

Title: MGRM ( ) Delete  
Name: THEOPHILLE, GILBERT  
Address: 20106 SHADY HILL COVE  
City-St-Zip: TAMPA, FL 33647

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: THEOPHILLE, CARLA  
Address: 20106 SHADY HILL LANE  
City-St-Zip: TAMPA, FL 33647

Title: MGRM (X) Change ( ) Addition  
Name: THEOPHILLE, GILBERT  
Address: 20106 SHADY HILL LANE  
City-St-Zip: TAMPA, FL 33647

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: CARLA Z THEOPHILLE

MGRM

02/14/2007

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