2008 LIMITED LIABILITY COMPANY

Feb 21, 2008 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT #L07000004892 02-21-2008 90068 035 ***138.75 LAKÉWOOD SCHOOL OF MUSIC, LLC Principal Place of Business Mailing Address 2221 UNIVERSITY BLVD, WEST 2459 BROWNWOOD ROAD JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042008 Chg-LLC CR2E083 (12/06) City & State 4. FEI Number Applied For City & State 20-8242516 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SMEDLEY, BONNIE L Street Address (P.O. Box Number is Not Acceptable) 6332 ANVIL ROAD JACKSONVILLE, FL 32277 City Zip Code 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 Signature, typed or printed name of registered agent and talls if applicable. (NOTE: Registered Agent aignature required when remistating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE ☐ Defete TITLE Change ☐ Addition NAME SMEDLEY, KENT A NAME STREET ADDRESS 2459 BROWNWOOD ROAD STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32207 CITY-ST-7IP ☐ Delete TITLE TITLE Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CTTY-ST-ZP CITY-ST-ZIP THE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTTY-ST-ZIP JITLE ☐ Delete TITLE ☐ Change ☐ Addition

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED