2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2008
Secretary of State

DOCUMENT# L07000007624

Entity Name: EDUCATE CLERMONT, L.L.C.

Current Principal Place of Business:

1200 OAKLEY SEAVER DRIVE, SUITE 201
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

1200 OAKLEY SEAVER DRIVE, SUITE 201
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 20-8311618 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRAFF, CATHLIN E
1200 OAKLEY SEAVER DRIVE, SUITE 201
CLERMONT, FL 34711 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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MR. ( ) Change (X) Addition
Name: GRAFF, MARK J
Address: 1200 OAKLEY SEAVER DRIVE, SUITE 203
City-St-Zip: CLERMONT, FL 34711

Title: MRS. ( ) Change (X) Addition
Name: GRAFF, CATHLIN E
Address: 1200 OAKLEY SEAVER DRIVE, SUITE 201
City-St-Zip: CLERMONT, FL 34711

Title: MRS. ( ) Change (X) Addition
Name: DOOLAN, JOANIE
Address: 1200 OAKLEY SEAVER DRIVE, SUITE 201
City-St-Zip: CLERMONT, FL 34711

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: CATHLIN E. GRAFF MRS. 02/27/2008

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