

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000007624

FILED
Jan 12, 2009
Secretary of State

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

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

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

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: CATHLIN E. GRAFF

MRS.

01/12/2009

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