

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000007624

**FILED**  
**Jan 05, 2010**  
**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.  
**Name:** GRAFF, MARK J  
**Address:** 1200 OAKLEY SEAVER DRIVE, SUITE 203  
**City-St-Zip:** CLERMONT, FL 34711

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

I hereby 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.

01/05/2010

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