

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000066397

**FILED**  
**Jan 17, 2008**  
**Secretary of State**

**Entity Name:** ALPHA OMEGA EDUCATIONAL PROGRAMS, LLC

**Current Principal Place of Business:**

8030 PETERS ROAD  
SUITE D-100  
PLANTATION, FL 33324 US

**New Principal Place of Business:**

**Current Mailing Address:**

8030 PETERS ROAD  
SUITE D-100  
PLANTATION, FL 33324 US

**New Mailing Address:**

**FEI Number:** 26-0419878      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BOWER, TANYA L ESQ.  
C/O TRIPP SCOTT, PA  
110 SE 6TH STREET, 15TH FLOOR  
FORT LAUDERDALE, FL 33301 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:** MGR      ( ) Delete  
**Name:** DOUGHTY, CRAIG  
**Address:** 8030 PETERS ROAD, SUITE D-100  
**City-St-Zip:** PLANTATION, FL 33324 US

**ADDITIONS/CHANGES:**

**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:** CRAIG DOUGHTY

MGR

01/17/2008

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