

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000068782

Entity Name: EDUCATIONAL EXCELLENCE LLC

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

4505 SOUTH OCEAN BLVD
#401
HIGHLAND BEACH, FL 33487 US

Current Mailing Address:

4505 SOUTH OCEAN BLVD
#401
HIGHLAND BEACH, FL 33487 US

New Principal Place of Business:

2070 HOMEWOOD BLVD.
#409
DELRAY BEACH, FL 33445 US

New Mailing Address:

2070 HOMEWOOD BLVD.
#409
DELRAY BEACH, FL 33445 US

FEI Number: 26-0459079 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

POLIN, NANCY
4505 SOUTH OCEAN BLVD
#401
HIGHLAND BEACH, FL 33487 US

Name and Address of New Registered Agent:

POLIN, NANCY
2070 HOMEWOOD BLVD.
#409
DELRAY BEACH, FL 33445 US

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: NANCY POLIN

05/01/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: POLIN, NANCY
Address: 4505 SOUTH OCEAN BLVD, #401
City-St-Zip: HIGHLAND BEACH, FL 33487 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: POLIN, NANCY
Address: 2070 HOMEWOOD BLVD. #409
City-St-Zip: DELRAY BEACH, FL 33445 US

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: NANCY POLIN

MGRM

05/01/2008

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