


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90204 037 ***143.75

DOCUMENT # L07000070375 1. Entity Name TEACHER CONSULTANT NETWORK, LLC					
Principal Place of Business 12156 LAKE FERN DR. JACKSONVILLE, FL 32258			Mailing Address 11250 OLD ST. AUGUSTINE RD. #15-301 JACKSONVILLE, FL 32257		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent LASTRAPES, KEITH G 12156 LAKE FERN DR. JACKSONVILLE, FL 32258				7. Name and Address of New Registered Agent Name WANDA G. Lastrapes Street Address (P.O. Box Number is Not Acceptable) 12156 Lake Fern Dr City Jacksonville, FL Zip Code 32258	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Wanda G. Lastrapes</u> <u>Wanda G. Lastrapes</u> <u>3/11/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LASTRAPES, KEITH G 12156 LAKE FERN DR. JACKSONVILLE, FL 32258	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Keith G. Lastrapes 12156 Lake Fern Dr JACKSONVILLE, FL 32258	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LASTRAPES, WANDA G 12156 LAKE FERN DR. JACKSONVILLE, FL 32258	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Wanda G. Lastrapes 12156 Lake Fern Dr JACKSONVILLE, FL 32258	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, ROSE DIANE 3207 NW 31ST AVE. GAINESVILLE, FL 32605	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Wanda G. Lastrapes 12156 Lake Fern Dr JACKSONVILLE, FL 32258	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, ROSE DIANE 3207 NW 31ST AVE. GAINESVILLE, FL 32605	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Wanda G. Lastrapes 12156 Lake Fern Dr JACKSONVILLE, FL 32258	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>Wanda G. Lastrapes</u> <u>Wanda G. Lastrapes</u> <u>3/11/08</u> <u>(904) 386-5212</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					