

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000070375

FILED  
Apr 15, 2009  
Secretary of State

**Entity Name:** TEACHER CONSULTANT NETWORK, LLC

**Current Principal Place of Business:**

12156 LAKE FERN DR.  
JACKSONVILLE, FL 32258

**New Principal Place of Business:**

**Current Mailing Address:**

11250 OLD ST. AUGUSTINE RD. #15-301  
JACKSONVILLE, FL 32257

**New Mailing Address:**

**FEI Number:** 26-0453987

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LASTRAPES, WANDA G  
12156 LAKE FERN DR.  
JACKSONVILLE, FL 32258 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: MGRM ( ) Delete  
Name: LASTRAPES, KEITH G  
Address: 12156 LAKE FERN DR.  
City-St-Zip: JACKSONVILLE, FL 32258

Title: MGR ( ) Delete  
Name: LASTRAPES, WANDA G  
Address: 12156 LAKE FERN DR.  
City-St-Zip: JACKSONVILLE, FL 32258

Title: MGRM ( ) Delete  
Name: MILLER, ROSE DIANE  
Address: 3207 NW 31ST AVE.  
City-St-Zip: GAINESVILLE, FL 32605

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: LASTRAPES, WANDA G PH.D.  
Address: 12156 LAKE FERN DR.  
City-St-Zip: JACKSONVILLE, FL 32258

Title: MGRM (X) Change ( ) Addition  
Name: MILLER, ROSE DIANE PH.D.  
Address: 3207 NW 31ST AVE.  
City-St-Zip: GAINESVILLE, FL 32605

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: WANDA G. LASTRAPES

MGR

04/15/2009

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