

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000071732

Entity Name: IMAGINE - LEON COUNTY, LLC

FILED  
May 01, 2009  
Secretary of State

## Current Principal Place of Business:

3250 MARY STREET, SUITE 202  
COCONUT GROVE, FL 33133

## New Principal Place of Business:

## Current Mailing Address:

1005 NORTH GLEBE RD SUITE 610  
ARLINGTON, VA 22201

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: IMAGINE SCHOOLS NON-PROFIT, INC.  
Address: 1005 NORTH GLEBE RD SUITE 610  
City-St-Zip: ARLINGTON, VA 22201

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: COLE, THOMAS  
Address: 3219 BAYFIELD CT  
City-St-Zip: COCOA, FL 32936

Title: MGR ( ) Change (X) Addition  
Name: DAWSON, JOEL  
Address: 1615 SEMINOLE DR  
City-St-Zip: TALLAHASSEE, FL 32301

Title: MGR ( ) Change (X) Addition  
Name: MCFARLAND, LOIS  
Address: 6246 QUARTERHORSE TRAIL  
City-St-Zip: TALLAHASSEE, FL 32309

Title: MGR ( ) Change (X) Addition  
Name: ILLERS, MIKE  
Address: 101 N MONROE ST #150  
City-St-Zip: TALLAHASSEE, FL 32301

Title: MGR ( ) Change (X) Addition  
Name: CONNOR, ROBERT  
Address: 9001 69TH AVENUE  
City-St-Zip: E PALMETTO, FL 34221

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: EILEEN BAKKE

S

05/01/2009

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