2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000076404

Entity Name: LEARNWAKE, LLC

FILED Mar 26, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1259 FRAN-MAR COURT 121A DIVISION ST. CLERMONT, FL 34711 CLERMONT, FL 34711

Current Mailing Address: New Mailing Address:

1259 FRAN-MAR COURT 121A DIVISION ST. CLERMONT, FL 34711 CLERMONT, FL 34711

FEI Number: 74-3223561 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

SCHMIDT, KYLE R

1259 FRAN-MAR COURT
CLERMONT, FL 34711 US

SCHMIDT, KYLE R

1259 FRAN MAR COURT
CLERMONT, FL 34711 US

CLERMONT, FL 34711 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: 03/26/2009

Electronic Signature of Registered Agent Date

ADDITIONS/CHANGES:

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete Title: MGR (X) Change () Addition

 Name:
 SCHMIDT, KYLE R
 Name:
 SCHMIDT, KYLE R

 Address:
 1259 FRAN-MAR COURT
 Address:
 1259 FRAN MAR COURT

 City-St-Zip:
 CLERMONT, FL 34711
 City-St-Zip:
 CLERMONT, FL 34711

Title: MGR () Delete Title: () Change () Addition

 Name:
 MCLIN, MICHAEL I
 Name:

 Address:
 169 SUNNYSIDE DRIVE
 Address:

 City-St-Zip:
 CLERMONT, FL 34711
 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: KYLE R. SCHMIDT MGR 03/26/2009