

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000082072

FILED
Apr 29, 2008
Secretary of State

Entity Name: STUDY BREAK LLC

Current Principal Place of Business:

18109 PARADISE POINT DR.
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 46025
TAMPA, FL 33646

New Mailing Address:

FEI Number: 51-0649233

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MORRIS, RAYMOND
18109 PARADISE POINT DRIVE
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

MORRIS, RAYMOND CEO
18109 PARADISE POINT DRIVE
TAMPA, FL 33647 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: RAYMOND MORRIS

04/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MORRIS, MYLA
Address: P.O.BOX 46025
City-St-Zip: TAMPA, FL 33646

Title: MGRM () Delete
Name: MORRIS, RAYMOND
Address: P.O.BOX 46025
City-St-Zip: TAMPA, FL 33646

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MORRIS, MYLA CEO
Address: P.O.BOX 46025
City-St-Zip: TAMPA, FL 33646

Title: MGRM (X) Change () Addition
Name: MORRIS, RAYMOND CEO
Address: P.O.BOX 46025
City-St-Zip: TAMPA, FL 33646

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: RAYMOND MORRIS

CEO

04/29/2008

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