

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000091427

FILED
May 01, 2009
Secretary of State

Entity Name: ST. LUCIE SCHOOLHOUSE FINANCE, L.L.C.

Current Principal Place of Business:

1005 NORTH GLEBE ROAD
SUITE 610
ARLINGTON, VA 22201

New Principal Place of Business:

Current Mailing Address:

1005 NORTH GLEBE ROAD
SUITE 610
ARLINGTON, VA 22201

New Mailing Address:

FEI Number: 26-2443082 FEI Number Applied For () FEI Number Not Applicable () 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:

Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SCHOOLHOUSE FINANCE, L.L.C.
Address: 1005 NORTH GLEBE ROAD, SUITE 610
City-St-Zip: ARLINGTON, VA 22201

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SHARP, BARRY J
Address: 1005 NORTH GLEBE ROAD, SUITE 610
City-St-Zip: ARLINGTON, VA 22201

Title: MGR () Change (X) Addition
Name: BROWN, KEN
Address: 1005 NORTH GLEBE ROAD, SUITE 610
City-St-Zip: ARLINGTON, VA 22201

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