
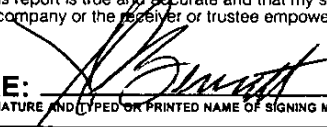


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90224 019 \*\*\*143.75

|  |   |  |   |
|--|---|--|---|
| <b>DOCUMENT # L07000117146</b><br>1. Entity Name<br><b>KIP SIU (UK) LLC</b>  |   |   |   |
| Principal Place of Business<br><b>3201 ENTERPRISE DRIVE<br/>SUITE 460<br/>BEACHWOOD, OH 44122</b>  |   | Mailing Address<br><b>3201 ENTERPRISE DRIVE<br/>SUITE 460<br/>BEACHWOOD, OH 44122</b>  |   |
| 2. Principal Place of Business - No P.O. Box #<br><b>300 EAST BAY DRIVE</b><br>Suite, Apt. #, etc.<br><b>Largo</b><br>City, State,<br><b>Florida</b>   |   | 3. Mailing Address<br><b>300 EAST BAY DRIVE</b><br>Suite, Apt. #, etc.<br><b>LARGO</b><br>City & State<br><b>FLORIDA</b>             |   |
| Zip<br><b>33770</b> Country<br><b>Pinellas</b>   |   | Zip<br><b>33770</b> Country<br><b>Pinellas</b>   |   |
| 4. FEI Number<br><b>26-0176387</b>   |   | 02282008 Chg-LLC CR2E083 (12/06)   |   |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required  |   | Applied For<br><input type="checkbox"/> Not Applicable   |   |
| 6. Name and Address of Current Registered Agent<br><br><b>CT CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b>   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |   |
| 8. 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. I am familiar with, and accept the obligations of registered agent.  |   |  |   |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |   |  |   |
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b>  |   | <b>Make check payable to<br/>Florida Department of State</b>   |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   | <b>10. ADDITIONS/CHANGES</b>   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGRM<br/>KIP SIU LLC<br/>3201 ENTERPRISE DRIVE SUITE 460<br/>BEACHWOOD, OH 44122</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>KIP Schiller International University LLC<br/>300 East Bay Dr, Largo, Florida<br/>33770</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>CEO<br/>Robert C. Daugherty</b> <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>CEO<br/>Robert C Daugherty<br/>300 East Bay Dr.<br/>Largo, FL 33770</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>CEO<br/>Daniel Panko<br/>300 East Bay Dr.<br/>Largo, FL 33770</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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. |   |  |   |
| <b>SIGNATURE:</b>   |   | (Corporate Controller) 3/27/08 (927)738 6322   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |   | Date Daytime Phone #   |   |

ATTACHMENT

60020032

# L07000117146

# FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



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### Fictitious Name

SCHILLER INTERNATIONAL UNIVERSITY

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County DADE  
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FEI Number NONE

### Mailing Address

3201 ENTERPRISE DRIVE SUITE 460  
BEACHWOOD, OH 44122

### Owner Information

KIP SIU LLC  
3201 ENTERPRISE DRIVE SUITE 460  
BEACHWOOD, OH 44122  
FEI Number: 26-0176387  
Document Number: L07000051657

### Document Images

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