2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2009
Secretary of State

DOCUMENT# L08000068058

Entity Name: FORT LAUDERDALE LEARNING CENTER, LLC

Current Principal Place of Business:

1904 SW 4TH AVENUE
FT. LAUDERDALE, FL 33315

New Principal Place of Business:

Current Mailing Address:

13600 SW 186 STREET
MIAMI, FL 33177

New Mailing Address:

1904 SW 4TH AVENUE
FT. LAUDERDALE, FL 33315

FEI Number: **FEI Number Applied For (X)** **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:

MAZZOTTA, MELISSA C
1904 SW 4TH AVENUE
FT. LAUDERDALE, FL 33315 US

Name and Address of New Registered Agent:

MAZZOTTA, MELISSA C
13600 SW 186 STREET
MIAMI, FL 33177 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: _____ 05/03/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: MAZZOTTA, MELISSA C
Address: 13600 SW 186 STREET
City-St-Zip: MIAMI, FL 33177

Title: MGRM ( ) Delete
Name: MAZZOTTA, MELISSA C
Address: 13600 SW 186 STREET
City-St-Zip: MIAMI, FL 33177

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: MELISSA C. MAZZOTTA MGR 05/03/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date