

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L08000109807

**FILED**  
**Aug 13, 2009**  
**Secretary of State****Entity Name:** LEAP FOR LEARNING LLC**Current Principal Place of Business:**13733 NW 15 ST  
PEMBROKE PINES, FL 33028**New Principal Place of Business:****Current Mailing Address:**13733 NW 15 ST  
PEMBROKE PINES, FL 33028**New Mailing Address:****FEI Number:** 26-3782822**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**WOLFE, STEPHEN  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 US**Name and Address of New Registered Agent:**MESSINA, MICHELLE  
807 SW 8 TERRACE  
FT. LAUDERDALE, FL 33315 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:** MICHELLE MESSINA

08/13/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:****Title:** MGRM ( ) Delete  
**Name:** WOLFE, BONNIE  
**Address:** 13733 NW15 ST  
**City-St-Zip:** PEMBROKE PINES, FL 33028 US**Title:** MGR (X) Delete  
**Name:** WOLFE, STEPHEN  
**Address:** 343 ALMERIA AVENUE  
**City-St-Zip:** CORAL GABLES, FL 33134**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:** BONNIE WOLFE

MGRM

08/13/2009

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