

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000110040

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: KLA EDUCATION HOLDINGS, LLC

## Current Principal Place of Business:

1101 BRICKELL AVENUE, SOUTH TOWER SUITE #4  
00  
MIAMI, FL 33131

## New Principal Place of Business:

1101 BRICKELL AVENUE, SOUTH TOWER  
400  
MIAMI, FL 33131

## Current Mailing Address:

C/O XAVIER MARCOS  
1101 BRICKELL AVENUE, SOUTH TOWER STE 400  
MIAMI, FL 33131

## New Mailing Address:

FEI Number: 26-3846007      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

POWELL-COSIO, SOFIA  
1900 S.W. 3RD AVENUE  
MIAMI, FL 33131      US

## Name and Address of New Registered Agent:

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: MARCOS, XAVIER A  
Address: 1101 BRICKELL AVENUE, SOUTH TOWER STE 400  
City-St-Zip: MIAMI, FL 33131

Title: MGRM ( ) Delete  
Name: MARCOS, MARIA CRISTINA  
Address: 1101 BRICKELL AVENUE, SOUTH TOWER STE 400  
City-St-Zip: MIAMI, FL 33131

## 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: XAVIER A. MARCOS

MGRM

04/24/2009

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