2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

| SCHOOL CONSULTANTS OF S.W. FLORIDA, L.C. Principal Pace of Business 14600 COEAN BLUFF DRIVE FT MYBR FL 3000B 1. Mainry Address 1. Mainry | DOOLINGS II HORSESSESSES | | | | | Feb 23, 2004 08:00 AM | | | | |
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| Principal Place of Business | • | | | | | | | | | |
| ASOD OCEAN BLUFF DRIVE FTMYERS FL 33908 | SCHOOL CONSULTANTS OF S.W. FLORIDA, L.C. | | | | | | | | | |
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| City & State | Suite, Apt. | #, etc. | Suite, Apt. #, etc. | Suite. Apt. #. etc. | | | 1 (56)(M)) MIN IN I | | | |
| Type Country 2/p Country 5. Certificate of Status Desirid 6 S. SOJ Additional Fee Required S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name Agent Address of New Registered Address of New Registered Agent 7. Name Agent Address of New Registered Agent 7. Name Agent Address of New Registered Address of New Registered Agent 7. Name Agent Address of New Registered Address of New Registered Address of New Registered Agent 7. Name Agent Address of New Registered Agent 8. Name Agent Address of New Registered Agent Agent 8. Name Agent Agent Agent 8. Name Agent Agent 8. Name Agent Agent | | | | | | | | | | |
| S. German de Address of Current Registered Agent ZAJKOV, STUART R 14500 OCEAN BLUFF DRIVE FORT MYERS FL 33908 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and registered agent and registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and registered agent agent and registered agent are registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent ag | | | | | 4. 121100 | 65-0674953 | | lot Applicable | | |
| ALKOV, STUART R 14500 CCEAN BLUFF DRIVE FORT MYERS FL 33908 6. 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*** **Price of the obligations of registered agent and ren't appraison.** **PRILE NOW!!! FEE IS \$50.00 **Make Check Payable to Plorida Department of State Due By May 1, 2004 **PRILE NOW!!! FEE IS \$50.00 **Make Check Payable to Plorida Department of State Due By May 1, 2004 **PRILE NOW!!! FEE IS \$50.00 **Make Check Payable to Plorida Department of State Due By May 1, 2004 **PRILE NOW!!! FEE IS \$50.00 **Make Check Payable to Plorida Department of State Due By May 1, 2004 **PRILE NOW!!! FEE IS \$50.00 **Make Check Payable to Plorida Department of State Due By May 1, 2004 **PRILE NOW!!! FEE IS \$50.00 **Make Check Payable to Plorida Department of State Due By May 1, 2004 **PRILE NOW!!! FEE IS \$50.00 **Make Check Payable to Plorida Department of State Due By May 1, 2004 **PRILE NOW!!! FEE IS \$50.00 **Make Check Payable to Plorida Department of State Due By May 1, 2004 **PRILE NOW!!! FEE IS \$50.00 **MAKE SIREIT MORESS (10,000,005,3225) **INC NOW!! FEE IS \$50.00 **MAKE SIREIT MORESS (10,000,005,3225) **INC NOW!! FEE IS \$50.00 **MAKE SIREIT MORESS (17'-51-72) **PRILE NOW!!! FEE IS \$50.00 **MAKE SIREIT MORESS (17'-51-72) **PRILE NOW!!! FEE IS \$50.00 **MAKE SIREIT MORESS (17'-51-72) **PRILE NOW!!! FEE IS \$50.00 **MAKE SIREIT MORESS (17'-51-72) **PRILE NOW!!! FEE IS \$50.00 **MAKE SIREIT MORESS (17'-51-72) **PRILE NOW!!! FEE IS \$50.00 **MAKE SIREIT MORESS (17'-51-72) **PRILE NOW!!! FEE IS \$50.00 **MAKE SIREIT MORESS (17'-51-72) **PRILE NOW!!! FEE IS \$50.00 **PRILE NOW!!! FEE IS \$50.00 **PRILE NOW!! FEE IS \$50.00 **PRILE NOW! FEE IS \$50.00 **PRILE NOW!! FEE IS \$50.00 **PRILE NOW! FEE IS \$50.00 **PRILE NOW! FEE | Zip | | | Coun | itry | | | Fee Requir | | |
| A LIKOV, STLART R 14500 OCEAN BLUFF DRIVE FOR MYERS FL 33908 Street Address (P.O. Box Number is Not Addeptable) The above named entity, submits this statement for the purpose of changing ins registered diffice or registered agent, or both, in the State of Florida - 1 am lamiliar with, and accept the obligations of registered agent. The above named entity submits this statement for the purpose of changing ins registered diffice or registered agent, or both, in the State of Florida - 1 am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida - 1 am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida - 1 am lamiliar with, and accept the debt and accept the obligations of registered agent, or both, in the State of Florida - 1 am lamiliar with, and accept the debt and accept the obligations of registered agent, or both, in the State of Florida - 1 am lamiliar with, and accept the debt and accept the obligations of registered agent, or both, in the State of Florida - 1 am lamiliar with, and accept the debt and accept the obligations of registered agent, or both, in the State of Florida - 1 am lamiliar with, and accept the the Debt and accept the part of the obligations of registered agent, or both, in the State of Florida - 1 am lamiliar with, and accept the the Debt and accept the Debt and accept and accept the Debt and accept and acce | | Name and Address of Current | Name | 7. Name a | nd Address of New Rec | istered Agent | | | | |
| The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent. Signature | ZAIKOV, STUART R | | | | | | | | | |
| The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent. SIGNATURE Signature | | | | | | | | | | |
| SIGNATURE Speciment speciment of registered agent and rife if approaches NOTE Registered Agent scripture required when re-restating) DATE | | | | | City | | | FL Zip Co | de | |
| Square hypes or prender name of legislated agent and life if applicable in Policy and Department of State | | | | | | | | | | |
| FILE NOW:!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due Way 1, 2004 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE NAME ZAIKOV, LUCIA ZAIKOV, LUCIA 14500 OCEAN BLUFF DRIVE FT. MYERS FL 33908 FT. MYERS FL 33 | SIGNATURE | | | | | | | | | |
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| NAME SIREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 | | | | | | | | | | |
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| 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. | | | | | | | | | | |

SIGNATURE: 2/18/69 239-439-3173
SIGNATURE AND TYPED OF HINDED NAME OF SIGNING MANAGING MEMBER, MANAGER, OF AUTHORIZED REPRESENTATIVE Date Dayling Phone #

FILED