

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L97000001445

FILED
May 13, 2005
Secretary of State

Entity Name: THE BILINGUAL PLACE, LLC

Current Principal Place of Business:

19106 CELLINI PLACE
LUTZ, FL 33549

New Principal Place of Business:

Current Mailing Address:

19106 CELLINI PLACE
LUTZ, FL 33549

New Mailing Address:

FEI Number: 59-3498190 FEI Number Applied For () 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:

Name and Address of New Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: MONTOYA, FABIO
Address: 19106 CELLINI PLACE
City-St-Zip: LUTZ, FL 33549

Title: MGRM () Delete
Name: NIETO, ANAMARIA
Address: 19106 CELLINI PLACE
City-St-Zip: LUTZ, FL 33549

Title: MGRM () Delete
Name: MONTOYA, DENISE L
Address: 1001 AVE. C, APT. B-2
City-St-Zip: BAYONNE, NJ 07002

ADDITIONS/CHANGES:

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

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 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 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: FABIO MONTOYA

MGRM

05/13/2005

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