

AMENDED  
**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M00000000843

1. Entity Name

CA Weston LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
3250 Mary Street

3. Mailing Address  
3250 Mary Street

Suite, Apt. #, etc.  
Suite 202

Suite, Apt. #, etc.  
202

City & State  
Coconut Grove, FL

City & State  
Coconut Grove, FL

Zip  
33133

Country  
US

Zip  
33133

Country  
US

4. FEI Number 06-1583008

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

City Tallahassee

FL

Zip Code  
32301-2525

8. 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

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00  
Make Check Payable to Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM/Chancellor Beacon Academies, Inc.  
3250 Mary Street, Suite 202  
Coconut Grove, FL 33133

TITLE  
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CITY-ST-ZIP

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IN THIS SPACE**

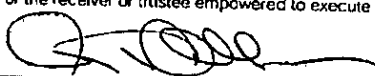
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CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:



Alan T. Oakes

9-26-02

805-648-5950

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #