

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 12, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90131 027 \*\*\*\*50.00

**DOCUMENT # M01000001595**

1. Entity Name  
**EDUCATIONAL FIELD STUDIES, LLC**



Principal Place of Business  
**923 INCLINE WAY  
INCLINE VILLAGE, NV 89451**

Mailing Address  
**590 PETER JEFFERSON PKWY  
SUITE 300  
CHARLOTTESVILLE, VA 22911**

2. Principal Place of Business  
**590 Peter Jefferson Pkwy**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 300**

City & State

City & State

**Charlottesville VA**

Zip  
**22911**

Country  
**USA**

Zip

Country

07072004

Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**54-1958162**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

## 7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by September 8, 2004**

**Make check payable to  
Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
HALL, JAMES  
590 PETER JEFFERSON PKWY STE 300  
CHARLOTTESVILLE, VA 22911** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
MORGOGNONE, TERRI  
590 PETER JEFFERSON PKWY STE 300  
CHARLOTTESVILLE, VA 22911** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
DAVIS, JEFFREY  
590 PETER JEFFERSON PKWY STE 300  
CHARLOTTESVILLE, VA 22911** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
RYAN, WILLIAM J  
590 PETER JEFFERSON PKWY STE 300  
CHARLOTTESVILLE, VA 22911** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
Lakeland Finance, LLC  
590 Peter Jefferson Pkwy Ste 300  
Charlottesville VA 22911** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
Hall, James  
590 Peter Jefferson Pkwy Ste 300  
Charlottesville VA 22911** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Charlottesville VA 22911** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:** Saul R. Pearlman **Saul R. Pearlman General Counsel 7/7/04 (434) 982-8630**

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

Date

Daytime Phone #