

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M03000003288

**FILED**  
**Nov 02, 2006**  
**Secretary of State**

**Entity Name:** EDUCATIONAL DEVELOPMENT COMPANY OF AMERICA, L.L.C.

**Current Principal Place of Business:**

4909 NORTH MONROE  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

**Current Mailing Address:**

4909 NORTH MONROE  
TALLAHASSEE, FL 32303

**New Mailing Address:**

**FEI Number:** 75-2962166

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LEXISNEXIS DOCUMENT SOLUTIONS INC.  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: CHARLES FRAZIER

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: FRAZIER, CHARLES  
Address: 4909 NORTH MONROE  
City-St-Zip: TALLAHASSEE, FL 31303

Title: MGR ( ) Delete  
Name: JOYNER, OSCAR  
Address: 13760 NOEL RD, SUITE 750  
City-St-Zip: DALLAS, TX 75240

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: FRAZIER, CHARLES  
Address: 4909 NORTH MONROE  
City-St-Zip: TALLAHASSEE, FL 32303

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 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: CHARLES FRAZIER

MGR

11/02/2006

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