


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90068 036 ****50.00

DOCUMENT # M03000004207 1. Entity Name K12 FLORIDA L.L.C.					
Principal Place of Business 8000 WESTPARK DR, STE 500 MCLEAN, VA 22102			Mailing Address 8000 WESTPARK DR, STE 500 MCLEAN, VA 22102		
2. Principal Place of Business Suite, Apt. #, etc. City & State <i>same</i> Zip <i>USA</i>			3. Mailing Address Suite, Apt. #, etc. City & State <i>same</i> Zip <i>USA</i>		
4. FEI Number 020703223			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			02232004 Chg-LLC CR2E083 (10/03)		
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 <i>N/A</i> DATE					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM K12 MANAGEMENT INC. 8000 WESTPARK DR, STE 500 MCLEAN, VA 22102	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Patricia L. Betoni</i>		Date <i>2-24-03</i>		Daytime Phone # <i>904.721.0035</i>	