2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # M03000004207

1. Entity Name
K12 FLORIDA L.L.C.

Principal Place of Business	Mailing Address
8000 WESTPARK DR, STE 500 MCLEAN, VA 22102	8000 WESTPARK DR, STE 500 MCLEAN, VA 22102

DO NOT WRITE IN THIS SPACE

01042006No Chg-LLC CR2E083 (11/05)

4. FEI Number
02-0703223

☐ 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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	K12 MANAGEMENT INC.
STREET ADDRESS	8000 WESTPARK DR, STE 500
CITY-ST-ZIP	MCLEAN, VA 22102
TITLE	PRES
NAME	RICHARD, RASMUS PRES.
STREET ADDRESS	8000 WESTPARK DRIVE, SUITE 500
CITY-ST-ZIP	MCLEAN, VA 22102
TITLE	TRES
NAME	JOHN, BAULE TRES.
STREET ADDRESS	8000 WESTPARK DRIVE, SUITE 500
CITY-ST-ZIP	MCLEAN, VA 22102
TITLE	SEC.
NAME	HOWARD, POLSKY SEC
STREET ADDRESS	8000 WESTPARK DRIVE, SUITE 500
CITY-ST-ZIP	MCLEAN, VA 22102
TITLE	SVP
NAME	TOM, BOYSEN
STREET ADDRESS	8000 WESTPARK DRIVE, SUITE 500
CITY-ST-ZIP	MCLEAN, VA 22102
TITLE	VP
NAME	CHARLES, ZOGBY
STREET ADDRESS	8000 WESTPARK DRIVE, SUITE 500
CITY-ST-ZIP	MCLEAN, VA 22102

U00000419006
02/14/06-80030-005 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 1/4/06 703-970-8119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #