


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90287 042 ****55.00

DOCUMENT # M04000001044	
1. Entity Name CHANCELLOR SUPPLEMENTAL EDUCATIONAL SERVICES, LLC	

Principal Place of Business C/O CHANCELLOR BEACON ACADEMIES, INC. 3250 MARY STREET, SUITE 202 COCONUT GROVE, FL 33133	Mailing Address C/O CHANCELLOR BEACON ACADEMIES, INC. 3250 MARY STREET, SUITE 202 COCONUT GROVE, FL 33133
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2. Principal Place of Business C/O IMAGINE SCHOOLS Suite, Apt. #, etc. 3250 MARY STREET, SUITE 202 City & State COCONUT GROVE FL Zip 33133	3. Mailing Address C/O IMAGINE SCHOOLS 3250 Mary Street Suite, Apt. #, etc. Suite 202 City & State COCONUT GROVE FL Zip 33133
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03162006 Chg-LLC	CR2E083 (11/05)
4. FEI Number 20-0863367	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee Is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHANCELLOR BEACON ACADEMIES, INC. 3250 MARY STREET, SUITE 202 COCONUT GROVE, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IMAGINE SCHOOLS 3250 Mary Street, Suite 202 Coconut Grove FL 33133 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OCTAVIO VISIEDO 3250 Mary Street, Suite 202 Coconut Grove FL 33133 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LENORA FRAZIER-WILLIAMS 3250 Mary Street, Suite 202 Coconut Grove FL 33133 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GLADYS A FERNANDEZ 3250 Mary Street Suite 202 Coconut Grove FL 33133 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NYDIA CUMMINGS-SWINGLE 3250 Mary Street, Suite 202 Coconut Grove FL 33133 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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: 	3/21/06	305-648-5985
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		