

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001406

Entity Name: AD FONTES, LLC

FILED
Mar 10, 2005
Secretary of State

Current Principal Place of Business:

455 S. ORANGE AVENUE
ORLANDO, FL 328013336

New Principal Place of Business:

450 S. ORANGE AVENUE
ORLANDO, FL 328013336

Current Mailing Address:

455 S. ORANGE AVENUE
ORLANDO, FL 328013336

New Mailing Address:

PO BOX 4920
ORLANDO, FL 32802

FEI Number: 36-4432346

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCARCELLI, LINDA A
450 S. ORANGE AVENUE
ORLANDO, FL 328013336 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: CNL EDUCATIONAL SERV, ICES, INC.
Address: 450 S. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 328013336

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CNL EDUCATIONAL SERV, ICES, INC.
Address: 450 S. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 328013336

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DONALD H. FULLER

MGRM

03/10/2005

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