2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 14, 2005 8:00 am Secretary of State **DOCUMENT # M04000005073** 04-14-2005 90029 048 ****50.00 1. Entity Name A PLUS HOMEWORK LLC Principal Place of Business Mailing Address 400 ROBIN HOOD CIRCLE UNIT 101 400 ROBIN HOOD CIRCLE UNIT 101 NAPLES, FL 34104 NAPLES, FL 34104 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04092005 Cha-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 42-1588218 Not Applicable Country Zip Zip \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GREGORY MERRIL POPE GUITAR, CLAIRE Street Address (P.O. Box Number is Not Acceptable) 209 ROBIN HOOD CIRCLE UNIT 101 NAPLES, FL 34104 400 ROBIN HOOD CIRCUE # 101 CITY NAPLES 34104 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 GREGORY MERRIL POPE (NOTE: Registered Agent signal Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10 BDF MGR Delete TITLE . ☐ Change Addition POPE, GREGORY M NAME STREET ADDRESS 400 ROBIN HOOD CIRCLE UNIT 101 STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34104 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET AODRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ТПІ Е Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CSTY-ST-ZIP City-ST-ZIP 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.

FILED