
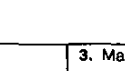
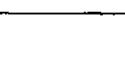


FILED
Apr 14, 2005 8:00 am
Secretary of State

DOCUMENT # M04000005073		
1. Entity Name A PLUS HOMEWORK LLC		
Principal Place of Business 400 ROBIN HOOD CIRCLE UNIT 101 NAPLES, FL 34104		Mailing Address 400 ROBIN HOOD CIRCLE UNIT 101 NAPLES, FL 34104
2. Principal Place of Business		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip Country
6. Name and Address of Current Registered Agent		
GUITAR, CLAIRE 209 ROBIN HOOD CIRCLE UNIT 101 NAPLES, FL 34104		Name GRE
		Street Address
		400 RO
		City NAP
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.		
SIGNATURE: 		GREGORY M. POPE <small>(NOTE: Registered Agent signature required)</small>
Filing Fee is \$50.00 Due by May 1, 2005		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR POPE, GREGORY M 400 ROBIN HOOD CIRCLE UNIT 101 NAPLES, FL 34104	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.01(2)(b), Florida Statutes, and that my signature shall have the same legal effect as if I were a limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.		
SIGNATURE: 		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		