

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90062 012 ****50.00

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 3846 RECREATION LANE Suite, Apt. #, etc.		3. Mailing Address 3846 RECREATION LANE Suite, Apt. #, etc.			
City & State NAPLES, FL		City & State NAPLES, FL		4. FEI Number 42-1588218	
Zip 34116		Country USA		Applied For Not Applicable	
City & State NAPLES, FL		City & State NAPLES, FL		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 34116		Country USA		01112006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent POPE, GREGORY M 400 ROBIN HOOD CIRCLE #101 NAPLES, FL 34104			7. Name and Address of New Registered Agent Name POPE, GREGORY M. Street Address (P.O. Box Number is Not Acceptable) 3846 RECREATION LANE City NAPLES FL Zip Code 34116		
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 <u>Gregory M. Pope</u> <u>GREGORY M. POPE</u> <u>1/11/06</u> <small>Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM POPE, GREGORY M 400 ROBIN HOOD CIRCLE UNIT 101 NAPLES, FL 34104	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	3846 RECREATION LANE NAPLES, FL 34116	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM POPE, THERESA L 400 ROBIN HOOD CIRCLE UNIT 101 NAPLES, FL 34104	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	3846 RECREATION LANE NAPLES, FL 34116	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Theresa L. Pope</u> <u>THERESA L. POPE</u>			<u>1/11/06</u> <u>239-643-8906</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		