2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # M05000000532

1. Entity Name SCHOOL DATA COMPANY, LLC



*FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

06 MAR 10 AM 9: 08

Principal Place of Business 3850 BROADMOOR SE, STE. 201 GRAND RAPIDS, MI 49512

Mailing Address

3850 BROADMOOR SE, STE. 201 GRAND RAPIDS, MI 49512



DO NOT WRITE IN THIS SPACE

02062006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 81-0623345 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, LEONARD H ESQ. 37837 MERIDIAN AVE., STE. 314 DADE CITY, FL 33525

DO NOT WRITE IN THIS SPACE

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8. The above the obligat	named entity submits this statement for the purpose of changing ions of registered agent.	its registere	d office or registered agent, or both, in the State	of Florida. I am familiar	with, and accept	
SIGNATURE						
Signature, typed or printed name of registered agent and title if applicable.		NOTE: Registered	Agent signature required when reinstating)	DATE	DATE	
FI D	iling Fee is \$50.00 ue by May 1, 2006					
9.	MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAMBERT, GREG 3850 BROADMOOR SE, STE. 201 GRAND RAPIDS, MI 49512		000069067470 03/30/0601062017 **300,] 200 OO		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			557 567 60 - 61	OOC 011 ***.	00.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT	WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS	SPACE	-	

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 eath; 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-STe ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE