

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000001703

FILED
May 16, 2007
Secretary of State

Entity Name: SCHOOLHOUSE FINANCE, LLC

Current Principal Place of Business:

1005 NORTH GLEBE ROAD, SUITE 610
ARLINGTON, VA 22201

New Principal Place of Business:

Current Mailing Address:

1005 NORTH GLEBE ROAD, SUITE 610
ARLINGTON, VA 22201

New Mailing Address:

FEI Number: 20-1348704 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

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/MANAGERS:

Title: MGRM () Delete
Name: BAKKE, DENNIS
Address: 1005 NORTH GLEBE ROAD, SUITE 610
City-St-Zip: ARLINGTON, VA 22201

Title: MGRM (X) Delete
Name: BAKKE, EILEEN
Address: 1005 NORTH GLEBE ROAD, SUITE 610
City-St-Zip: ARLINGTON, VA 22201

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: IMAGINE SCHOOLS, INC, .
Address: 1005 NORTH GLEBE ROAD, SUITE 610
City-St-Zip: ARLINGTON, VA 22201

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ISABEL BERIO

VP

05/16/2007

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