

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000002225

FILED
Aug 02, 2006
Secretary of State

Entity Name: THE CAMELOT SCHOOLS OF FLORIDA, LLC

Current Principal Place of Business:

4207 HIGHWAY 290 EAST
DRIPPING SPRINGS, TX 78620

New Principal Place of Business:

Current Mailing Address:

4207 HIGHWAY 290 EAST
DRIPPING SPRINGS, TX 78620

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: HARCOURT, JOHN P JR.
Address: 4207 HIGHWAY 290 EAST
City-St-Zip: DRIPPING SPRINGS, TX 78620

Title: MGRM () Delete
Name: PIERCEY, MICHAEL DR.
Address: 4207 HIGHWAY 290 EAST
City-St-Zip: DRIPPING SPRINGS, TX 78620

ADDITIONS/CHANGES:

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

Title: CFO (X) Change () Addition
Name: KENNA, TIMOTHY
Address: 4207 HIGHWAY 290 EAST
City-St-Zip: DRIPPING SPRINGS, TX 78620

I hereby certify that the information supplied with this filing does not qualify for the 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: TIMOTHY KENNA

CFO

08/02/2006

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