

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000003570

Entity Name: ASHFORD UNIVERSITY, LLC

FILED
Mar 16, 2009
Secretary of State

Current Principal Place of Business:

400 NORTH BLUFF BLVD.
CLINTON, IA 52732

New Principal Place of Business:

Current Mailing Address:

400 NORTH BLUFF BLVD.
CLINTON, IA 52732

New Mailing Address:

FEI Number: 20-2076985

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: BRIDGEPOINT EDUCATIO, N, INC.
Address: 13500 EVENING CREEK DRIVE, SUITE 600
City-St-Zip: SAN DIEGO, CA 92128

Title: MGRM () Delete
Name: CLARK, ANDREW CEO
Address: 13500 EVENING CREEK DRIVE NORTH SUITE 600
City-St-Zip: SAN DIEGO, CA 92128

Title: MGRM () Delete
Name: DEVINE, DANIEL CFO
Address: 13500 EVENING CREEK DRIVE NORTH SUITE 600
City-St-Zip: SAN DIEGO, CA 92128

Title: MGRM () Delete
Name: STEVEN, ISBISTER SEC'Y
Address: 13500 EVENING CREEK DRIVE NORTH SUITE 600
City-St-Zip: SAN DIEGO, CA 92128

ADDITIONS/CHANGES:

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

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

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

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: STEVEN ISBISTER

SECY

03/16/2009

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