

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003461

FILED  
May 01, 2008  
Secretary of State

**Entity Name:** EDUCATED WEALTH CENTER, LLC

**Current Principal Place of Business:**

37 LEIGHTON AVENUE  
RED BANK, NJ 07701

**New Principal Place of Business:**

**Current Mailing Address:**

37 LEIGHTON AVENUE  
RED BANK, NJ 07701

**New Mailing Address:**

FEI Number: 20-4649249      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:**

CONVERY, ARLENE  
11206 MARITIME COURT  
WELLINGTON, FL 33467      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: CONVERY, ARLENE  
Address: 11206 MARITIME COURT  
City-St-Zip: WELLINGTON, FL 33467

Title: MGRM      ( ) Delete  
Name: SODEN, HEATHER  
Address: 37 LEIGHTON AVENUE  
City-St-Zip: RED BANK, NJ 07701

**ADDITIONS/CHANGES:**

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: ARLENE CONVERY

MGRM

05/01/2008

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