


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2008 8:00 am
Secretary of State

02-25-2008 90137 026 ***138.75

DOCUMENT # M07000002012
 1. Entity Name:
ZONI LANGUAGE CENTERS POMPANO BEACH LLC



Principal Place of Business: **315 5TH AVENUE, 5TH FLOOR NEW YORK, NY 10016**
 Mailing Address: **315 5TH AVENUE, 5TH FLOOR NEW YORK, NY 10016**

30003474



2. Principal Place of Business - No P.O. Box #
61 BROADWAY
 Suite, Apt. #, etc.
SUITE 1710
 City & State
NEW YORK, NY
 Zip
10016 Country
USA

3. Mailing Address
61 BROADWAY
 Suite, Apt. #, etc.
SUITE 1710
 City & State
NEW YORK, NY
 Zip
10016 Country
USA

01072008 Chg-LLC CR2E083 (12/06)

8. Name and Address of Current Registered Agent:
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

4. FEI Number
20-877 9484 Applicable For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent:
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reappointing)

FILE NOW!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to:
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NIETO, ZOILC 315 5TH AVENUE, 5TH FLOOR NEW YORK, NY 10016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: _____ DATE: **01/07/08 (212)7364153**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE