

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 12, 2008 8:00 am
Secretary of State

06-12-2008 90122 004 ***538.75

| | | | | | |
|--|---|--|---|--|--|
| DOCUMENT # M07000006381 | | | | | |
| 1. Entity Name VIRGINIA COLLEGE, LLC | | | | | |
| Principal Place of Business 300 RIVERHILLS BUSINESS PARK, SUITE 300 BIRMINGHAM, AL 35242 | | | Mailing Address 300 RIVERHILLS BUSINESS PARK, SUITE 300 BIRMINGHAM, AL 35242 | | |
| 2. Principal Place of Business - No P.O. Box # 10401 HIGHLAND MANOR DRIVE Suite, Apt. #, etc. SUITE 300 City & State TAMPA FL Zip 33610 Country USA | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | | |
| 4. FEI Number 52-1647615 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | 05232008 Chg-LLC CR2E083 (12/06) | |
| 6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331 | | | 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 appointing _____ as its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 40%;"> SIGNATURE </div> <div style="width: 40%; text-align: center;"> Peter F. Souza Assistant Secretary </div> <div style="width: 20%; text-align: right;"> 6/9/08 </div> </div> | | | | | |
| FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE | P | <input checked="" type="checkbox"/> Delete | TITLE | CEO | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MOORE, THOMAS A JR. | | NAME | THOMAS MOORE | |
| STREET ADDRESS | 300 RIVERHILLS BUSINESS PARK, SUITE 300 | | STREET ADDRESS | 300 RIVERHILLS BUSINESS PARK, SUITE 300 | |
| CITY-ST-ZIP | BIRMINGHAM, AL 35242 | | CITY-ST-ZIP | BIRMINGHAM, AL 35242 | |
| TITLE | CEOT | <input checked="" type="checkbox"/> Delete | TITLE | CFO | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MOORE, THOMAS A JR. | | NAME | ROGER MILLER | |
| STREET ADDRESS | 300 RIVERHILLS BUSINESS PARK, SUITE 300 | | STREET ADDRESS | 300 RIVERHILLS BUSINESS PARK, SUITE 300 | |
| CITY-ST-ZIP | BIRMINGHAM, AL 35242 | | CITY-ST-ZIP | BIRMINGHAM, AL 35242 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | CCO | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | | NAME | ROGER SWARTZWELDER | |
| STREET ADDRESS | | | STREET ADDRESS | 300 RIVERHILLS BUSINESS PARK, SUITE 300 | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | BIRMINGHAM, AL 35242 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | CIO | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | | NAME | RONALD MAILLETTE | |
| STREET ADDRESS | | | STREET ADDRESS | 300 RIVERHILLS BUSINESS PARK, SUITE 300 | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | BIRMINGHAM, AL 35242 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | CMO | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | | NAME | CHARLES TRIERWEILER | |
| STREET ADDRESS | | | STREET ADDRESS | 300 RIVERHILLS BUSINESS PARK, SUITE 300 | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | BIRMINGHAM, AL 35242 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | EVA HR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | | NAME | MICHAEL WILLIAMS | |
| STREET ADDRESS | | | STREET ADDRESS | 300 RIVERHILLS BUSINESS PARK, SUITE 300 | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | BIRMINGHAM, AL 35242 | |
| 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: | | | 5/23/08 (205) 329-7865 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date Daytime Phone # | | |