

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000005243

FILED  
May 20, 2009  
Secretary of State

**Entity Name:** FLORIDA GROUP LEARNING CENTERS, L.L.C.

**Current Principal Place of Business:**

1001 FLEET STREET  
BALTIMORE, MD 21202

**New Principal Place of Business:**

**Current Mailing Address:**

1001 FLEET STREET  
BALTIMORE, MD 21202

**New Mailing Address:**

**FEI Number:** 26-3860500      **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:**

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: SYLVAN LEARNING CENTERS, LLC  
Address: 1001 FLEET STREET  
City-St-Zip: BALTIMORE, MD 21202

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MCGEE, LEE  
Address: 1001 FLEET STREET  
City-St-Zip: BALTIMORE, MD 21202

Title: MGR ( ) Change (X) Addition  
Name: LEIMENSTOLL, DAVE  
Address: 1001 FLEET STREET  
City-St-Zip: BALTIMORE, MD 21202

Title: MGR ( ) Change (X) Addition  
Name: SPROWLS, ROBIN  
Address: 1001 FLEET STREET  
City-St-Zip: BALTIMORE, MD 21202

Title: MGR ( ) Change (X) Addition  
Name: SCHROEDER, C. ALAN  
Address: 1001 FLEET STREET  
City-St-Zip: BALTIMORE, MD 21202

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: C. ALAN SCHROEDER

MGR

05/20/2009

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