

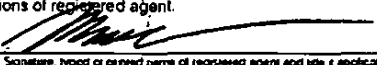



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 19, 2005 8:00 am
Secretary of State

07-21-2005 90010 003 ****50.00

DOCUMENT # L04000053447 1. Entity Name ELOGIC LEARNING, LLC					
Principal Place of Business 8184 WOODLAND CENTER BOULEVARD TAMPA FL 33614			Mailing Address 8184 WOODLAND CENTER BOULEVARD TAMPA FL 33614		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 1st MOORE CR2E083 (10/04)	
City & State		City & State			
Zip		Zip			
Country		Country			
4. FEI Number 20-1386041				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent ANDERSON, MARK 8184 WOODLAND CENTER BOULEVARD TAMPA FL 33614	
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  Mark Anderson - Sec/Treas 7/15/05 <small>(NOTE: Registered Agent signature required when fee paid.)</small>	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS/MANAGERS					
10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mark Anderson - LOO <input type="checkbox"/> Delete 8184 Woodland Center Blvd Tampa FL 33614	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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:  Mark Anderson COO & Secretary, Treas 7/15/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mitch Diamond - CEO <input type="checkbox"/> Delete 8184 Woodland Center Blvd	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bill Snowden - CTO <input type="checkbox"/> Delete 8184 Woodland Center Blvd Tampa FL 33614	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

813-901-8600



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

ATTACHMENT

30010725

July 22, 2005

ELOGIC LEARNING, LLC
8184 WOODLAND CENTER BOULEVARD
TAMPA, FL 33614

Subject: **ELOGIC LEARNING, LLC**

Reference Number: **L04000053447**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/LS
ANNUAL REPORTS SECTION