


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90286 004 ****50.00

DOCUMENT # L02000020383
 1. Entity Name
 CIRCLE OF FRIENDS CHILDCARE CENTER, LLC



Principal Place of Business 2108 LEWIS TURNER BLVD. FORT WALTON BEACH, FL 32547 US	Mailing Address 2108 LEWIS TURNER BLVD. FORT WALTON BEACH, FL 32547 US
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03222005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 13-4206984	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 LAMBERT, LYNN O
 309 YACHT CLUB DRIVE NE
 FORT WALTON BEACH, FL 32548

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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 reinstating)

Filing Fee is \$50.00 Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAMBERT, LYNN 2108 LEWIS TURNER BLVD FORT WALTON BEACH, FL 32548
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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: Lynn O Lambert Date: 3/23/05 Daytime Phone #: 850-864-2273
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Lynn O. Lambert