

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000053270

**FILED**  
**Apr 25, 2008**  
**Secretary of State**

**Entity Name:** HUSSETT'S-LITTLE STEPPERS LEARNING CENTER LLC

**Current Principal Place of Business:**

3304 LENOX AVENUE  
JACKSONVILLE, FL 32254 US

**New Principal Place of Business:**

**Current Mailing Address:**

3304 LENOX AVENUE  
JACKSONVILLE, FL 32254 US

**New Mailing Address:**

FEI Number: 26-0270145      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LAVENDER, KYLE  
873 WEST BAY DRIVE  
SUITE 105  
LARGO, FL 33770 US

**Name and Address of New Registered Agent:**

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: LOWE, DELORES  
Address: 12027 BLUE STAR CT  
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: MGRM ( ) Delete  
Name: PEART, TANISHA  
Address: 12027 BLUE STAR CT  
City-St-Zip: JACKSONVILLE, FL 33246 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DELORES LOWE

MGRM

04/25/2008

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