## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L00000009598

Entity Name: FIRST STEP CHILD DEVELOPMENT CENTER, LLC

FILED Feb 09, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

105 WEST 11TH STREET LYNN HAVEN, FL 32444

Current Mailing Address: New Mailing Address:

105 WEST 11TH STREET LYNN HAVEN, FL 32444

FEI Number: 59-3659698 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

GIVINS, SANDRA

105 WEST 11TH STREET

LYNN HAVEN, FL 32444 US

GIVINS, SANDRA

704 EIGHT STREET CIRCLE

LYNN HAVEN, FL 32444 US

LYNN HAVEN, FL 32444 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: SANDRA GIVINS 02/09/2004

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MEMBERS:

ADDITIONS/CHANGES:

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 GIVINS, SANDRA
 Name:

 Address:
 105 WEST 11TH STREET
 Address:

 City-St-Zip:
 LYNN HAVEN, FL 32444
 City-St-Zip:

Title: V ( ) Delete Title: MGR (X) Change ( ) Addition Name: GIVINS, WILLIAM Name: GIVINS, WILLIAM

Address: 704 8TH ST. CIR. Address: 704 8TH ST. CIR. City-St-Zip: LYNN HAVEN, FL 32444 City-St-Zip: LYNN HAVEN, FL 32444

Title: ST ( ) Delete Title: MGR (X) Change ( ) Addition

 Name:
 ANGLIN, TRACY
 Name:
 ANGLIN, TRACY

 Address:
 704 8TH ST. CIR.
 Address:
 2442 ROLLING PINES ROAD

City-St-Zip: LYNN HAVEN, FL 32444 City-St-Zip: CHIPLEY, FL 32428

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SANDRA GIVINS MGRM 02/09/2004