

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000009598 1. Entity Name FIRST STEP CHILD DEVELOPMENT CENTER, LLC	
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Principal Place of Business 105 WEST 11TH STREET LYNN HAVEN, FL 32444	Mailing Address 105 WEST 11TH STREET LYNN HAVEN, FL 32444
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02082006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FCI Number 59-3659698	Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ANGLIN, TRACY
105 W 11TH ST
LYNN HAVEN, FL 32444**

**DO NOT WRITE
IN THIS SPACE**

6. 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 _____
Signature, typed or printed name of registered agent and IFC if applicable. (FCI) Registered Agent signature required when reinitializing. DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

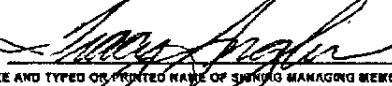
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ANGLIN, TRACY 2442 ROLLING PINES ROAD CHIPLEY, FL 32428
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ANGLIN, KEVIN 2442 ROLLING PINES ROAD CHIPLEY, FL 32428
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000433070
02/23/06-80094-013 50.00

U00000433070
02/23/06-80094-014 5.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **Tracy Anglin** **2/9/06 850-265-6904**
SIGNATURE AND TYPED OR PRINTED NAME OF SERVING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE DATE Day 1 To File Fee