

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 23, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000009899**1. Entity Name
CHILD GUARDIANSHIP, L.L.C.

Principal Place of Business	Mailing Address
C/O PETER K. BRUAL 650 GREYSTONE PARK NE ATLANTA GA 30324	C/O PETER K. BRUAL 650 GREYSTONE PARK NE ATLANTA GA 30324

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country

4. FEI Number	Applied For
58-2557153	Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required**6. Name and Address of Current Registered Agent**

CARROLL WILLIAM C
1860 FOREST HILL BLVD., #105

WEST PALM BEACH FL
33406 US**7. Name and Address of New Registered Agent**

Name
BRUAL PETER C
Street Address (P.O. Box Number is Not Acceptable)
742 OCEAN CLUB PLACE

City
AMELIA ISLAND FL Zip Code
32034

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.

SIGNATURE **PETER K. BRUAL****04/23/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**9. MANAGING MEMBERS / MEMBERS****10. ADDITIONS / CHANGES**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
MGR	BEZICK CHRISTIAN	JMANAGER	2938 BANYAN BLVD. CIRCLE NW BOCA RATON FL 33431		
MGR	BRUAL PETER	KMANAGER	742 OCEAN CLUB PLACE AMELIA ISLAND FL 32034		
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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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: Peter K. Brual**mgr****04/23/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)