## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L01000006843**

1. Entity Name

BRADENTON VILLAGE DAY CARE, LLC



Principal Place of Business

Mailing Address

1307 6TH STREET WEST BRADENTON, FL 34205

1307 6TH STREET WEST BRADENTON, FL 34205

## FILED Feb 16, 2007 8:00 am Secretary of State

02-16-2007 90183 017 \*\*\*\*50.00



01032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 06-1648372

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WASHINGTON, LYNN C HOLLAND & KNIGHT LLP 701 BRICKELL AVE., STE. 3000 MIAMI, FL 33131

## DO NOT WRITE IN THIS SPACE

| MIAMI, FL 33131 |  | IN THIS SPACE   |
|-----------------|--|---|
|                 | named entity submits this statement for the purpose of changing its regist<br>tions of registered agent.                       | ered office or registered agent, or both, in the State of Florida. I am familiar with, and accept |
| SIGNATURE.      | Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent and title if applicable. | tered Agent signature required when reinstating) DATE   |
| Fi<br>D         | lling Fee is \$50.00<br>ue by May 1, 2007  |   |
| 9.              | MANAGING MEMBERS/MANAGERS  |   |
| TITLE           | MGR  |   |
| NAME            | BRADENTON VILLAGE PARTNERS, INC.   |   |
| STREET ADDRESS  | 1307 6TH STREET WEST   |   |
| CITY-ST-ZIP     | BRADENTON, FL 34205  |   |
| TITLE           |  |   |
| NAME            |  |   |
| STREET ADDRESS  |  |   |
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| NAME            |  |   |
| STREET ADDRESS  |  |   |

11. I hereby certify that the information supplied with this tiling 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

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

Date

Daytime Phone #