2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000016495

1. Entity Name

LITTLEST ANGELS EARLY LEARNING CENTER, L.L.C.



FILED Apr 21, 2006 08:00 AM Secretary of State

Principal Place of Business

504 W. INDIANA BONIFAY, FL 32425 Mailing Address

1488 DAISY LANE BONIFAY, FL 32425



04232006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3746572 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

LEE, FRANCES M 1488 DAISY LANE BONIFAY, FL 32425

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8. The above the obligat	named entity submits this statement for the purpose of changions of registered agent.	ging its registered office	or registered agent, or both, in the State of Fr	forida. t am tamiliar with, and acce	
SIGNATURE.	Signature, typed or primed name of registered agent and the if applicable	APOT Projector Areas alo	makure required when retrestating)	DATE	
FI	iling Fee is \$50.00 ue by May 1, 2006	(NOTE. HEUSERED PARTS & SQ	indicate partiries of wheel (electrology)	DATE.	
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEE, FRANCES M 1488 DAISY LANE BONIFAY, FL 32425		Vacancia	U00000526188 05/04/06-80064-009 50.00 DO NOT WRITE	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions opntained 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 oats; that it am a managing member of manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE TIMES OF PRINTED NAME OF SIGNING MANAGING MEMBERS OF AUTHORIZED REPRESENTATIVE

4-24-06

850 547-2279

Date

Daytime Phone #