

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000020163

FILED  
May 30, 2008  
Secretary of State

**Entity Name:** TREEHOUSE DAYCARE, L.L.C.

**Current Principal Place of Business:**

598 S.E. PORT ST. LUCIE BOULEVARD  
PORT ST. LUCIE, FL 34984

**New Principal Place of Business:**

**Current Mailing Address:**

598 S.E. PORT ST. LUCIE BOULEVARD  
PORT ST. LUCIE, FL 34984

**New Mailing Address:**

FEI Number: 14-1843430      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

KEENE, LYNN  
598 PORT ST. LUCIE BLVD.  
PORT SAINT LUCIE, FL 34984      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: DORSEY, ALICE  
Address: 598 SE PORT ST. LUCUE BLVD.  
City-St-Zip: PORT SAINT LUCIE, FL 34984

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: LYNN KEENE

DIR.

05/30/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date