

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000023154

FILED
Oct 06, 2004
Secretary of State

Entity Name: CREATIVE CHILDCARE PARTNERS, LLC

Current Principal Place of Business:

432 MAIN STREET, #347
WINDERMERE, FL 34786

New Principal Place of Business:

Current Mailing Address:

432 MAIN STREET, #347
WINDERMERE, FL 34786

New Mailing Address:

FEI Number: 33-1024424 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:

LOWMAN, WILLIAM R JR ESQ
315 E. ROBINSON STREET, SUITE 600
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

KNAPP, THOMAS R
432 MAIN STREET
SUITE 347
WINDERMERE, FL 34786 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: TOM KNAPP

10/06/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: P () Delete
Name: KNAPP, TOM
Address: 432 MAIN ST., #347
City-St-Zip: WINDERMERE, FL 34786

Title: VP (X) Delete
Name: WEBB, JOHN
Address: 432 MAIN ST., #347
City-St-Zip: WINDERMERE, FL 34786

Title: S () Delete
Name: KNAPP, JODI
Address: 432 MAIN ST., #347
City-St-Zip: WINDERMERE, FL 34786

Title: T (X) Delete
Name: WEBB, DIANE
Address: 432 MAIN ST., #347
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KNAPP, TOM
Address: 432 MAIN ST., #347
City-St-Zip: WINDERMERE, FL 34786

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

Title: MGR (X) Change () Addition
Name: KNAPP, JODI
Address: 432 MAIN ST., #347
City-St-Zip: WINDERMERE, FL 34786

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TOM KNAPP

MGR

10/06/2004

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