2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Jul 20, 2005
Secretary of State

DOCUMENT# L03000026822

Entity Name: KIDS TOGETHER II, L.L.C.

Current Principal Place of Business:

520 WHISPER WOOD DRIVE
LONGWOOD, FL 32779

New Principal Place of Business:

13825 TOWNSEND DR
ORLANDO, FL 32828

Current Mailing Address:

520 WHISPER WOOD DRIVE
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 35-2210877 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INGRASSIA, ALAN R
520 WHISPER WOOD DRIVE
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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:	MGRM	( ) Delete
Name:	INGRASSIA, ALAN R	
Address:	520 WHISPER WOOD DR	
City-St-Zip:	LONGWOOD, FL 32779	
Title:	MGRM	( ) Delete
Name:	INGRASSIA, KARLA M	
Address:	520 WHISPER WOOD DR	
City-St-Zip:	LONGWOOD, FL 32779	
Title:	MGRM	(X) Delete
Name:	INGRASSIA, MARK A	
Address:	230 OAK RD	
City-St-Zip:	WINTER SPRINGS, FL 32708	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: ALAN R INGRASSIA MGRM 07/20/2005

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