

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000024576

FILED  
Apr 12, 2005  
Secretary of State

**Entity Name:** CHILDSTART LEARNING SOLUTIONS, LLC

**Current Principal Place of Business:**

5625 WELLBORN CREEK DRIVE  
LITHONIA, GA 30058

**New Principal Place of Business:**

**Current Mailing Address:**

5625 WELLBORN CREEK DRIVE  
LITHONIA, GA 30058

**New Mailing Address:**

**FEI Number:** 80-0104286

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HINSON, YVONNE H  
23 NE 47TH TERRACE  
GAINESVILLE, FL 32641 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/MEMBERS:**

Title: MGR ( ) Delete  
Name: HINSON, YVONNE  
Address: 23 NE 47TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32641

Title: MGR ( ) Delete  
Name: HINSON, KAMELYA  
Address: 5625 WELLBORN CREEK DR  
City-St-Zip: LITHONIA, GA 30058

Title: MGR ( ) Delete  
Name: HINSON, HENRY I  
Address: 5625 WELLBORN CREEK DR  
City-St-Zip: LITHONIA, GA 30058

**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: YVONNE HINSON

MS.

04/12/2005

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