2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90023 031 ****50.00

DOCUMENT # L04000042544

1. Entity Name
FOR "R" ENTERPRISES, LLC

Principal Place of Business	Mailing Address
4301 ANCHOR PARKWAY STE. 300 TAMPA, FL 33634	4301 ANCHOR PARKWAY STE. 300 TAMPA, FL 33634

2. Principal Place of Business	3. Mailing Address
9550 16th Street North Suite, Apt. #, etc.	9550 16th Street North Suite, Apt. #, etc.
City & State: St. Petersburg, FL	City & State: St. Petersburg, FL
Zip: 33716-4217 Country: USA	Zip: 33716-4217 Country: USA

01072005 Chg-LLC CR2E083 (10/03)

4. FEI Number [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TULLO, ANDREA 4301 ANCHOR PARKWAY STE. 300 TAMPA, FL 33634	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR [ ] Delete	TITLE	[X] Change [ ] Addition
NAME	R'CLUB CHILD CARE, INC.	NAME	
STREET ADDRESS	4301 ANCHOR PARKWAY STE. 300	STREET ADDRESS	9550 16th Street North
CITY-ST-ZIP	TAMPA, FL 33634	CITY-ST-ZIP	St. Petersburg, FL 33716-4217
TITLE	[ ] Delete	TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	[ ] Delete	TITLE	[ ] Change [ ] Addition
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	[ ] Delete	TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify 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 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: Andrea T. Tullo (Attorney) 4/22/05 (813) 289-0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #