## 2006 LIMITED LIABILITY COMPANY

## **FILED** Feb 20, 2006 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # L04000073230** 1. Entity Name CHILDS HOLDINGS I, LLC Principal Place of Business Mailing Address 11971 ROSEMOUNT DRIVE 11971 ROSEMOUNT DRIVE FORT MYERS, FL 33913 FORT MYERS, FL 33913 CR2E083 (11/05) 02142006 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 20-1800451 \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE CURCIONE, MICHELLE A 11971 ROSEMOUNT DRIVE FORT MYERS, FL 33913 IN THIS SPACE 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 (NOTE. Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 1100000438<mark>989</mark> 03/01/06-80**028-**002 200.00 MANAGING MEMBERS/MANAGERS 9. MGR TITLE CURCIONE, MICHELLE A NAME 11971 ROSEMOUNT DRIVE STREET ADDRESS FORT MYERS, FL 33913 CITY-ST-ZIP NAME STREET ADDRESS CATY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CATY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information inclicated 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE: