

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000077975

FILED
Apr 26, 2007
Secretary of State

Entity Name: EMANUEL PRESCHOOL LLC

Current Principal Place of Business:

20962 CIPRES WAY
BOCA RATON, FL 33433

New Principal Place of Business:

10870 CANYON BAY LN
BOYNTON BEACH, FL 33437

Current Mailing Address:

20962 CIPRES WAY
BOCA RATON, FL 33433

New Mailing Address:

10870 CANYON BAY LN
BOYNTON BEACH, FL 33437

FEI Number: 20-2459338

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IBRAHIM, LUCY
20962 CIPRES WAY
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

IBRAHIM, LUCY
10870 CANYON BAY LN
BOYNTON BEACH, FL 33437 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:

04/26/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: IBRAHIM, LUCY
Address: 20962 CIPRES WAY
City-St-Zip: BOCA RATON, FL 33433

Title: MGR () Delete
Name: MARCOS, WAGDY
Address: 20962 CIPRES WAY
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: IBRAHIM, LUCY
Address: 10870 CANYON BAY LN
City-St-Zip: BOYNTON BEACH, FL 33437

Title: MGR (X) Change () Addition
Name: MARCOS, WAGDY
Address: 10870 CANYON BAY LN
City-St-Zip: BOYNTON BEACH, FL 33437

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: LUCY IBRAHIM

DIRC

04/26/2007

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