

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000008170

1. Entity Name
TODDLER CLUB, L.L.C.



Principal Place of Business

3285 N ST RD 7
MARGATE, FL 33063

Mailing Address

3285 N ST RD 7
MARGATE, FL 33063



03312007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2242281

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

VILLASANA, CHRISTINA V ESQ.
1100 ADAMS ST
HOLLYWOOD, FL 33019

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/2007

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	TRAKTMAN, GERALD
STREET ADDRESS	1643 BRICKELL AVE., SUITE 2101
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	MGRM
NAME	VILLSANA, CHRISTINA
STREET ADDRESS	1100 ADAMS STREET
CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	M
NAME	FADER, CAROL
STREET ADDRESS	650 PARK AVE #17C
CITY-ST-ZIP	NEW YORK, NY 10021
TITLE	M
NAME	ACKER, MARC
STREET ADDRESS	650 PARK AVE #17C
CITY-ST-ZIP	NEW YORK, NY 10021
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000724483
05/02/07-80111-020 50.00

**DO NOT WRITE
IN THIS SPACE**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/11/2007

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9687713