



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 13, 2006 8:00 am
Secretary of State

07-13-2006 90080 019 ****55.00

DOCUMENT # L05000018794 1. Entity Name COMFY CORNER PRESCHOOL, LLC					
Principal Place of Business 2401-72ND STREET NORTH SAINT PETERSBURG, FL 33710			Mailing Address 2401-72ND STREET NORTH SAINT PETERSBURG, FL 33710		
2. Principal Place of Business 2401-72nd Street North		3. Mailing Address 2401-72nd St. N.		 07102006 Chg-LLC CR2E083 (11/05)	
Suite, Apt. #, etc. Suite 1		Suite, Apt. #, etc. Suite 1			
City & State St. Petersburg, FL		City & State St. Petersburg, FL			
Zip Country 33710 USA		Zip Country 33710 USA			
4. FEI Number 06-1741568				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent LINDQUIST, JOSEPH R 6795-14TH STREET SOUTH SAINT PETERSBURG, FL 33705	
7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 6, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LINDQUIST, VICKIE L 6795-14TH STREET SOUTH SAINT PETERSBURG, FL 33705	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LINDQUIST, JOSEPH R 6795-14TH STREET SOUTH SAINT PETERSBURG, FL 33705	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: Vickie Lindquist 7-10-06 727-384-6956 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		