

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000019346

1. Entity Name
CHILDREN'S PLAYHOUSE II, L.L.C.



Principal Place of Business
**19103 ROSEWOOD CREEK WAY
TAMPA, FL 33647**

Mailing Address
**19103 ROSEWOOD CREEK WAY
TAMPA, FL 33647**



01112008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2276266

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MACZUGA, JACKIE L
19103 ROSEWOOD CREEK WAY
TAMPA, FL 33647**

**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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
MACZUGA, JACKIE L
19103 ROSEWOOD CREEK WAY
TAMPA, FL 33647**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
MACZUGA, MICHAEL A
19103 ROSEWOOD CREEK WAY
TAMPA, FL 33647**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
SOUKUP, JOYCE A
14602 PINE GLEN CIRCLE
LUTZ, FL 33559**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000782868
01/15/08-80094-005 138.75

**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

JOYCE A. SOUKUP

1/14/08

Date

813-968-2392

Daytime Phone #