## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**4/**1

## FILED May 05, 2006 8:00 am Secretary of State

DOCUMENT # L05000072791  1. Entity Name DESTINY CHILD DEVELOPMENT CENTER, LLC						04-14-20	06 90034 025 *	***55.00
Principal Plac	e of Business	Mailing Address						
955 BEARCREEK DRIVE BARTOW, FL 33830		P.O. BOX 1758 WINTER HAVEN, FL 33882-1758		1				
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2. Principal Place of Business		3. Mailing Address						
Suite, Apt, #, etc.		Suite, Apt. #, etc.		04122006	Chg-LLC	CR2E083 (11/05)		
City & State		City & State		4. FEI Number 20 - 31	50628	A	polied For of Applicable	
Zip	Country	Country Zip Cou		try		of Status Desired	\$5.00 Add Fee Require	
	8. Name and Address of Current F	Registered Agent			7. Name and /	Address of New Ri	egistered Agent	
GAY ALO	NZO T SR, DR	Name						
	CREEK DRIVE	Street Address (		P.O. Box Number	r is Not Acceptable	)		
							- 1-0	
			City		FL Zp Code			
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere	ed office or register	red agent, or both	n, in the State of Flor	ida. I am familiar with,	and accept
SIGNATURE	Signature, typed or printed name of registered against	nd title if applicable. (NOTE	Asquiers	d Agant highelture require	d when remaking)		DATE	
Filing Fee is \$50.00 Due by May 1, 2006						Make check payable to Florida Department of State		
								•
9. D	ue by May 1, 2006  MANAGING MEMBEI		10.	····-			Department of Stat	
9. TILE	MANAGING MEMBER MGRM	RS/MANAGERS	HILE	- 1		Florida	Department of Stat	Addition
9. D	MANAGING MEMBER MGRIM GAY, ALONZO T SR, DR		FILLE	- 1		Florida	Department of Stat	
9. TITLE NAME	MANAGING MEMBER MGRM		FITLE KALIE STREE	E		Florida	Department of Stat	
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	MANAGING MEMBER MGRM GAY, ALONZO T SR, DR 955 BEARCREEK DRIVE BARTOW, FL 33830 MGRM		CITY- MALE MILE	E ET ADDRESS -SI- <i>OP</i>		Florida	Department of Stat	
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9. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	MANAGING MEMBER MGRM GAY, ALONZO T SR, DR 955 BEARCREEK DRIVE BARTOW, FL 33830 MGRM	C.) Deleta	STREE CLEY- TITLE NAME STREE	E ET ADDRESS -SI- <i>OP</i>		Florida	Department of State CHANGES  Change	Addition
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBER MGRM GAY, ALONZO T SR, DR 955 BEARCREEK DRIVE BARTOW, FL 33830 MGRM GAY, SANDRA R 955 BEARCREEK DRIVE	C.) Deleta	STREE CLEY- TITLE NAME STREE	E ET ADORESS -SI-DP E E ET ADORESS -SI-ZIP		Florida	Department of State CHANGES  Change	Addition
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11. I bereby certily that the information supplied with this filling 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 outh; 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: 4/12/66 6/863) 3/8-89-9/