

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000081417

FILED  
Jan 04, 2008  
Secretary of State

**Entity Name:** CENTRAL FLORIDA KIDSTAGE, LLC

**Current Principal Place of Business:**

552 E HILLCREST STREET  
ALTAMONTE SPRINGS, FL 32701 US

**New Principal Place of Business:**

1601 S SANFORD AVE  
SANFORD, FL 32771 US

**Current Mailing Address:**

552 E HILLCREST STREET  
ALTAMONTE SPRINGS, FL 32701 US

**New Mailing Address:**

1365 COLUMBINE STREET  
#202  
DENVER, CO 80206 US

**FEI Number:** 20-3275400

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COSTANTINE, ANDREA M  
552 E HILLCREST STREET  
ALTAMONTE SPRINGS, FL 32701 US

**Name and Address of New Registered Agent:**

COSTANTINE, ANDREA M  
1601 S SANFORD AVE  
SANFORD, FL 32771 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: ANDREA M. COSTANTINE

01/04/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: COSTANTINE, ANDREA M  
Address: 552 E HILLCREST STREET  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: COSTANTINE, ANDREA M  
Address: 1601 S SANFORD AVE  
City-St-Zip: SANFORD, FL 32771 US

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: ANDREA M. COSTANTINE

MANA

01/04/2008

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