

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000105423

Entity Name: STEP BY STEP DAY CARE LLC

FILED
Jan 04, 2008
Secretary of State

Current Principal Place of Business:

2211 NW 40TH TERRACE
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

2211 NW 40TH TERRACE
GAINESVILLE, FL 32605

New Mailing Address:

FEI Number: 20-3697024

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLYER, JENNIFER
2625 SW 75TH STREET APT 623
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

COLYER, JENNIFER
194 SW 145TH DRIVE #15
NEWBERRY, FL 32669 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:

01/04/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COLYER, JENNIFER
Address: 2625 SW 75TH STREET APT 623
City-St-Zip: GAINESVILLE, FL 32607 US

Title: MGRM () Delete
Name: SAXBY, MARK
Address: 2625 SW 75TH STREET APT 623
City-St-Zip: GAINESVILLE, FL 32607 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: COLYER, JENNIFER
Address: 194 SW 145TH DRIVE #15
City-St-Zip: NEWBERRY, FL 32669 US

Title: MGRM (X) Change () Addition
Name: SAXBY, MARK
Address: 194 SW 145TH DRIVE #15
City-St-Zip: NEWBERRY, FL 32669 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: MARK SAXBY

MGRM

01/04/2008

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