2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000111779

1. Entity Name
PARKS' PLACE DAYCARE & LEARNING CENTER, LLC

Principal Place of Business	Mailing Address
7757 ROCKRIDGE DRIVE WEST	7757 ROCKRIDGE DRIVE WEST
JACKSONVILLE, FL 32244	JACKSONVILLE, FL 32244

DO NOT WRITE IN THIS SPACE

03172007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number		Applied For
20-3816374		Not Applicable

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

6. Name and Address of Current Registered Agent

STUTSMAN & THAMES, P.A.
121 WEST FORSYTH STREET, SUITE 600
JACKSONVILLE, FL 32202

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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

Filing Fee is $50.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	TAYLOR PARKS, JOANNE
STREET ADDRESS	7757 ROCKRIDGE DRIVE WEST
CITY-ST-ZIP	JACKSONVILLE, FL 32244

U00000688983
04/11/07-80017-013 50.00

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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: *Joanne Taylor Parks*   *March 27, 2007*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #