2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2008
Secretary of State

DOCUMENT# L05000122605

Entity Name: LEESBURG KIDS ACADEMY, LLC

Current Principal Place of Business:

1704 WEST VINE
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

16623 ROYAL PALM DR.
GROVELAND, FL 34736

New Mailing Address:

1605 SW SILVER PINE WAY D1
PALM CITY, FL 34990

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THE MILLHORN LAW FIRM, L.L.C.
13710 US HWY 441 SUITE 100
LADY LAKE, FL 32159 US

Name and Address of New Registered Agent:

ARISMENDI, HAROLDO
1605 SW SILVER PINE WAY D1
PALM CITY, FL 34990 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: HAROLDO ARISMENDI 04/09/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: PARKINSON, CHERYL A
Address: 1704 WEST VINE
City-St-Zip: LEESBURG, FL 34748

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ARISMENDI, HAROLDO
Address: 1605 SW SILVER PINE WAY D1
City-St-Zip: PALM CITY, FL 34990

Title: MGRM ( ) Change (X) Addition
Name: APONTE, ABEL
Address: 2770 SPICEBLUSH LOOP
City-St-Zip: APOPKA, FL 32712

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: CHERYL PARKINSON MGRM 04/09/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date