

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000123374

FILED  
Feb 25, 2008  
Secretary of State

**Entity Name:** HELPING HANDS EARLY LANGUAGE DEVELOPMENT, LLC

**Current Principal Place of Business:**

428 GOLDEN WOOD WAY  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

428 GOLDEN WOOD WAY  
WELLINGTON, FL 33414

**New Mailing Address:**

**FEI Number:** 14-1944779

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GRAVE DE PERALTA, STEPHANIE  
428 GOLDEN WOOD WAY  
WELLINGTON, FL 33414 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GRACE DE PERALTA, STEPHANIE  
Address: 428 GOLDEN WOOD WAY  
City-St-Zip: WELLINGTON, FL 33414

Title: MGRM ( ) Delete  
Name: PIKE, PAMELA  
Address: 146 PRESTIGE DR.  
City-St-Zip: ROYAL PALM BEACH, FL 33411

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GRAVE DE PERALTA, STEPHANIE  
Address: 428 GOLDEN WOOD WAY  
City-St-Zip: WELLINGTON, FL 33414

Title: MGRM (X) Change ( ) Addition  
Name: PIKE, PAMELA  
Address: 13562 BRIGHTSTONE STREET  
City-St-Zip: WELLINGTON, FL 33414

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: STEPHANIE GRAVE DE PERALTA

MGRM

02/25/2008

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