# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Mar 20, 2007 8:00 am**
**Secretary of State**
02-27-2007 90079 023 ****50.00

DOCUMENT # L06000006320

1. Entity Name
CALVARY CHRISTIAN PRE-SCHOOL, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 3190 HYPOLUXO ROAD<br>BOYNTON BEACH, FL 33436 | 3190 HYPOLUXO ROAD<br>BOYNTON BEACH, FL 33436 |

01122007 Chg-LLC CR2E083 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 65-0759873 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| MARSE, GEORGE L<br>3190 HYPOLUXO ROAD<br>BOYNTON BEACH, FL 33436 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $50.00**
**Due by May 1, 2007**

**Make check payable to**
**Florida Department of State**

| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>MARSE, GEORGE L<br>4117 FLORAL DRIVE<br>BOYNTON BEACH, FL 33436 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>MARSE, LORI<br>4117 FLORAL DRIVE<br>BOYNTON BEACH, FL 33436 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>NINO, GIOVANNA<br>2859 SOMERSET ROAD<br>LANTANA, FL 33462 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>LICEA, ANA<br>3660 QUENTIN AVE.<br>BOYNTON BEACH, FL 33426 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>BYMASTER, TIMOTHY<br>5826 ITHACA CIRCLE<br>WEST LAKE WORTH, FL 33463 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>ROSA, STEVE<br>17 PEPPERWOOD COURT<br>BOYNTON BEACH, FL 33426 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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:** Lou Marse 3/21/07 561 304 1449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #