


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jun 02, 2008 08:00 AM**  
**Secretary of State**


**DOCUMENT # L06000023169**

1. Entity Name  
**BUILDING BLOCKS ACADEMY, LLC**



Principal Place of Business 542464 SOUTH KINGS ROAD CALLAHAN, FL 32011 US	Mailing Address PO BOX 2221 CALLAHAN, FL 32011 US
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**DO NOT WRITE IN THIS SPACE**



05122008No Chg-LLC      CR2E083 (12/07)

4. FEI Number 20-4378203	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

PARKERSON, TANYA D  
 55138 PEACEFUL TRAIL DRIVE  
 CALLAHAN, FL 32011

**DO NOT WRITE IN THIS SPACE**

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 transferring

**FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008**      In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM PARKERSON, TANYA D 55138 PEACEFUL TRAIL DRIVE CALLAHAN, FL 32011
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM WHEELER, DANA J 44164 KINGBIRD DRIVE CALLAHAN, FL 32011
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06/04/08-80089-004 143.75

**DO NOT WRITE IN THIS SPACE**

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:** *Tanya D. Parkerson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_