

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000038319

FILED  
Mar 21, 2007  
Secretary of State

Entity Name: KID'S VILLAGE LEARNING CENTER AND DAYCARE, LLC

**Current Principal Place of Business:**

424 SOUTH WEST GULL DRIVE  
LAKE CITY, FL 32024 US

**New Principal Place of Business:**

166 NW WYOMING WAY  
LAKE CITY, FL 32055 US

**Current Mailing Address:**

424 SOUTH WEST GULL DRIVE  
LAKE CITY, FL 32024 US

**New Mailing Address:**

166 NW WYOMING WAY  
LAKE CITY, FL 32055 US

FEI Number: 20-4556329

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

WALKER, CATHERINE L  
424 SW GULL DRIVE  
LAKE CITY, FL 32024 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: WALKER, CATHERINE L  
Address: 424 SW GULL DRIVE  
City-St-Zip: LAKE CITY, FL 32024 US

Title: MGRM ( ) Delete  
Name: FOLLANSBEE, BRENDA L  
Address: 496 SW KESSLER GLEN  
City-St-Zip: LAKE CITY, FL 32024 US

Title: MGRM (X) Delete  
Name: WRIGHT, JANET R  
Address: CHRIS ROAD  
City-St-Zip: LAKE CITY, FL 32024 US

Title: MGRM (X) Delete  
Name: WALKER, ERICK K  
Address: 424 SW GULL DRIVE  
City-St-Zip: LAKE CITY, FL 32024 US

Title: MGRM (X) Delete  
Name: FOLLANSBEE, CHRIS A  
Address: 496 SW KESSLER GLEN  
City-St-Zip: LAKE CITY, FL 32024 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CATHERINE L. WALKER

MGRM

03/21/2007

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