

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000055033

FILED
Oct 27, 2008
Secretary of State

Entity Name: CHILDREN'S NETWORK OF SOUTHWEST FLORIDA, L.L.C.

Current Principal Place of Business:

2232 ALTAMONT AVENUE
FT. MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

2232 ALTAMONT AVENUE
FT. MYERS, FL 33901

New Mailing Address:

FEI Number: 20-4968228 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: BARBARA BURKE

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: CAMELOT COMMUNITY CA, RE, INC
Address: 4910-D CREEKSIDE DR
City-St-Zip: CLEARWATER, FL 33760 US

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

Title: MGR () Delete
Name: BUCHEN, IRVING
Address: 8650 KILKENNY CT
City-St-Zip: FORT MYERS, FL 33912 US

Title: MGR (X) Change () Addition
Name: ARIAS, VICTOR
Address: 3013 DEL PRADO
City-St-Zip: CAPE CORAL, FL 33904 US

Title: MGR () Delete
Name: BUSBEE, BETTY
Address: 5901 BRIARCLIFF RD
City-St-Zip: FORT MYERS, FL 33912 US

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

Title: MGR () Delete
Name: GEISLER, MARK
Address: 2727 WINKLER AVE
City-St-Zip: FORT MYERS, FL 33901 US

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

Title: MGR () Delete
Name: MORRISSETTE, PAUL
Address: 15880 SUMMERLIN RD #300 PMB 127
City-St-Zip: FORT MYERS, FL 33908 US

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

Title: MGR () Delete
Name: MUIR, DENISE S
Address: 25909 PEBBLECREEK DR
City-St-Zip: BONITA SPRINGS, FL 34135 US

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

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: DENNIS C ANDREWS

CFO

10/27/2008

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