2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

6/25/2007-90115-015-$55.00-$55.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT 16 PM 3:44

DOCUMENT # L06000063387

1. Entity Name

FOUNDATIONS NURSERY & ACADEMY, LLC

Principal Place of Business	Mailing Address
36233 CLINTON AVENUE DADE CITY FL 33525	36233 CLINTON AVENUE DADE CITY FL 33525

1st MOORE CR2E083 (10/06)

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 20-2732145 ☐ 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
MCLAUGHLIN, MONIQUE 36233 CLINTON AVENUE DADE CITY FL 33525	Name Street Address (P.O. Box Number is Not Acceptable) 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 4/17/07

Signature of new or reinstated registered agent, and title if applicable. NOTE: Registered Agent signature required in all cases.

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS	10. ADDITIONS/CHANGES
Title / Name / Street Address / City St ZIP: 7/11/07	☐ Change ☐ Addition: NA
Title / Name / Street Address / City St ZIP: Monique McLaughlin MGRM 5028 Mission Square Ln Zephyrhills FL 33542 ☐ Delete	☐ Change ☐ Addition: NA
Title / Name / Street Address / City St ZIP: NA ☐ Delete	☐ Change ☐ Addition: NA
Title / Name / Street Address / City St ZIP: NA ☐ Delete	☐ Change ☐ Addition: NA
Title / Name / Street Address / City St ZIP: NA ☐ Delete	☐ Change ☐ Addition: NA
Title / Name / Street Address / City St ZIP: NA ☐ Delete	☐ Change ☐ Addition: NA

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ 4/17/07 352-567-0175

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #