2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT #1 06000069208



FILED Jan 18, 2007 8:00 am Secretary of State

1. Entity Name KIDZ BIZZNESS "LLC"							01-18-2007	90078 (005 ****5	55.00
Principal Place of Business 12583 LAKE GARDENS DRIVE JACKSONVILLE, FL 32258			Mailing Address 12583 LAKE GARDENS DRIVE JACKSONVILLE, FL 32258			-[
Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01062007	Chg-LLC	CR2E(083 (12/06)	
City & State			City & State			4. FEI Numb	84-17 <i>15</i>	164	/ Ap	oplied For pot Applicable
Zip	Zip Country		Zip Count		try		of Status Desired		\$5.00 Add	titional
6. Name and Address of Current R			egistered Agent			Fee Required 7. Name and Address of New Registered Agent				
AACNICII I AANNIE D					Name					
MCNEILL, ANNIE B 12583 LAKE GARDEN DRIVE JACKSONVILLE, FL 32258					Street Address (P.O. Box Number is Not Acceptable)					
			City					FL	Zip Cod	е
	named entity tions of registe		the purpose of changing its	registere	ed office or registe	red agent, or bo	oth, in the State of F	orida. I am	familiar with,	and accept
SIGNATURE	Signature, typed o	r printed name of registered agent ar	nd title if applicable. (NOTI	: Registerer	d Agent signature require	d when reinstating)		DATE]
Filing Fee is \$50.00 Due by May 1, 2007										II
FI D	iling Fee is ue by May	\$50.00 1, 2007							payable to nent of State	e
9.	ue by May	\$ \$50.00 1, 2007 MANAGING MEMBER		10.				a Departn	ent of State	
9. mle	MGR	1, 2007 MANAGING MEMBER	IS/MANAGERS	TITLE	ľ		Florid	a Departn	nent of State	Addition
9.	MGR GANT, MA	1, 2007 MANAGING MEMBER		TITLE	ľ		Florid	a Departn	ent of State	
9. TITLE NAME	MGR GANT, MA 12583 LAK JACKSON	1, 2007 MANAGING MEMBER RILYN M		TITLE NAME STRE	E		Florid	a Departn	ent of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP THLE	MGR GANT, MA 12583 LAK JACKSON MGRM	MANAGING MEMBER RILYN M E GARDENS DRIVE VILLE, FL 32258		TITLE NAME STRE CITY TITLE	E ET ADDRESS -ST-ZIP		Florid	a Departn	ent of State	
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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.