


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2008 08:00 A
Secretary of State

DOCUMENT # L06000071048


1. Entity Name
CAPSTONE CHILD CARE ACADEMY, LLC



Principal Place of Business
7794 SW 60TH AVE
OCALA, FL 34476

Mailing Address
7794 SW 60TH AVE
OCALA, FL 34476

DO NOT WRITE IN THIS SPACE



01282008No Chg-LLC CR2E083 (12/07)

| | |
|--|---------------------------------------|
| 4. FEI Number 71-1009301 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

SINGH, ZANDRA
9170 SW 52ND TERRACE
OCALA, FL 34476

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SINGH, ZANDRA 9170 SW 52ND TERRACE OCALA, FL 34476 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR KMETZ, THOMAS 9170 SW 52ND TERRACE OCALA, FL 34476 |
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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: Thomas Kmetz **Thomas Kmetz** 1/30/08 352-239-3700

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