

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000108403

FILED  
Apr 29, 2007  
Secretary of State

**Entity Name:** PARK AVENUE CHILD CARE & LEARNING CENTER OF SANFORD, LLC

**Current Principal Place of Business:**

2700 S.PARK AVENUE  
SANFORD, FL 32773 US

**New Principal Place of Business:**

**Current Mailing Address:**

411 KINGS EAGLE LANE  
APOPKA, FL 32703 US

**New Mailing Address:**

FEI Number: 20-5864399

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DAVIS, TIMOTHY  
411 KINGS EAGLE LANE  
APOPKA, FL 32703 US

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

DAVIS, TIMOTHY  
411 KINGS EAGLE LANE  
APOPKA, FL 32712 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:

04/29/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DAVIS, TIMOTHY  
Address: 411 KINGS EAGLE LANE  
City-St-Zip: APOPOKA, FL 32703 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: DAVIS, TIMOTHY  
Address: 411 KINGS EAGLE LANE  
City-St-Zip: APOPOKA, FL 32712 US

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: TIMOTHY A. DAVIS

PRES

04/29/2007

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