


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90072 043 \*\*\*138.75

<b>DOCUMENT #</b> L06000115577	
<b>1. Entity Name</b> EARLY LEARNING CENTER BELTON, LLC	

<b>Principal Place of Business</b> 17830 CASTLE HARBOR DRIVE FORT MYERS FL 33912	<b>Mailing Address</b> 17830 CASTLE HARBOR DRIVE FORT MYERS FL 33912
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<b>2. Principal Place of Business - No P.O. Box #</b> 10060 AMBERWOOD ROAD	<b>3. Mailing Address</b> 10060 AMBERWOOD ROAD
<b>Suite, Apt. #, etc.</b> SUITE 01	<b>Suite, Apt. #, etc.</b> SUITE 01
<b>City &amp; State</b> FT. MYERS FL	<b>City &amp; State</b> FT. MYERS FL
<b>Zip</b> 33913	<b>Zip</b> 33913
<b>Country</b> USA	<b>Country</b> USA

1st MOORE CR2E083 (10/07)

<b>4. FEI Number</b> NO-T APPLICABLE	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> WHITEHOUSE, MARIANNE K 17830 CASTLE HARBOR DRIVE FORT MYERS FL 33912	
<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

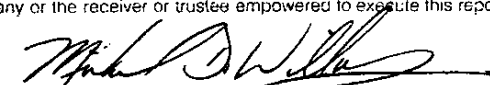
**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	MGRM WAITEHOUSE, MARIANNE K 17830 CASTLE HARBOR DR FORT MYERS FL 33912 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:**  **2-408 239-457-6273**  
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE **Day** **Daytime Phone #**