2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 27, 2008 8:00 am Secretary of State 04-25-2008 90025 004 ***138.75

DOCUMENT # L06000120415 1. Entity Name PRECIOUS LIL ANGELS KIDS KAMP & FAMILY ENTERTAINMENT CENTER LLC					04-25-2008 90025 004 ***138.75
Principal Place of Business Mailing Address 6018 CHICAGO AVE PO BOX 16445				• .	
PENSACOLA,	FL 32526 US	PENSACOLA, FL 3250	7 US		(1821)201 201 2010 2010 2010 2010 2010 2010
2. Principal Place of Business - No P.O. Box # 3. Mailing Address					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		02292008 Chg-LLC CR2E083 (12/06)
City & State	9	City & State			4. FEJ Number 7 196 49 Applied For Not Applied Box
Zip	Country	Zip	Counti	ry	5. Certificate of Status Desired \$5.00 Additional Fee Required
	6. Name and Address of Cur	rent Registered Agent		Name	7. Name and Address of New Registered Agent
PRIMM, SI 6018 CHIC PENSACO					(P.O. Box Number is Not Acceptable)
			<u> </u>	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 Signature: speed or proted name of regulating agent and title 4 applicables. (MOTE: Regissarind Agent signature required when reinstating) DATE					
FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75					Make check payable to Florida Department of State
9.	MANAGING ME	MBERS/MANAGERS	10.		ADDITIONS/CHANGES
TITLE NAME	MGRM PRIMM, SHIELA D	☐ Delete	TITLE		☐ Change ☐ Addition
STREET ADDRESS	6018 CHICAGO AVE			T AOORESS	
CITY-ST-ZIP	PENSACOLA, FL 32526 MGRM		CITY	ST-20P	
TITLE NAME	PRIMM, EDWARD D JR	☐ Delete	TITLE		☐ Change ☐ Addition
STREET ADDRESS CETY-ST-ZIP	6018 CHICAGO AVE PENSACOLA, FL 32528			T ADORESS ST-ZIP	
TITLE		Oclete	TITLE		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET CITY-S	T ADORESS	
TITLE .			TITLE	51-21F	☐ Ctrunge ☐ Addition
NAME ETGETT ADDOCES			NAMÉ	T ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CITY-S		
TITLE NAME		☐ Delete	TITLE NAME		Change Addition
STREET ADDRESS City-St-70P			STREET CITY-S	T AOORESS ST-ZIP	•
TILE		☐ Delete	TITLE		Change Addition
NAME STREET ADDRESS			name Street	ADORESS	
CITY-ST-ZIP	mails, the she indo	Constitution of the consti	CITY-S		Charles 110 Clarida Clarana Livers
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 it made under early; 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: 31, 108 BIGNATURE AND TYPED ON PRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DIN DOWN Prove of Day					