2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000054510

104 E GROVE DR

City-St-Zip: LAKE HAMILTON, FL 33851

Address:

Entity Name: LIL' CHAMPS LEARNING CENTER LLC

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business:		New Principa	New Principal Place of Business:	
	ENDALE BLVD HAVEN, FL 33881 US			
Current Mailing Address:		New Mailing	New Mailing Address:	
	ENDALE BLVD HAVEN, FL 33881 US			
FEI Number:	: 59-1270963 FEI Number App	lied For() FEI Number Not Applica	ble () Certificate of Status Desired ()	
Name and	Address of Current Register	red Agent: Name and A	ddress of New Registered Agent:	
AUBURNE The above	SIC VIEW DRIVE DALE, FL 33823 US named entity submits this state	ement for the purpose of changing its i	registered office or registered agent, or both	
in the State	e of Florida.			
SIGNATUF				
	Electronic Signature of R	Registered Agent	Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHA	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () Delete EDWARDS, DWIGHT W 1231 8TH STREET NW WINTER HAVEN, FL 33881 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete EDWARDS, NOLAN D 193 CLASSIC VIEW DRIVE AUBURNDALE, FL 33823 US	Title: Name: Address: City-St-Zip:	()Change()Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete EDWARDS, KATHLEEN G 193 CLASSIC VIEW DRIVE AUBURNDALE, FL 33823 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	S () Delete METZGAR, GAIL	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: KATHLEEN EDWARDS MGRM 04/28/2009