

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000081672

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: CREATIVE BEGINNINGS ACADEMY, LLC

## Current Principal Place of Business:

5120 S.W. 111TH TERRACE  
DAVIE, FL 33328

## New Principal Place of Business:

6158 SW 194TH AVENUE  
PEMBROKE PINES, FL 33332

## Current Mailing Address:

5120 S.W. 111TH TERRACE  
DAVIE, FL 33328

## New Mailing Address:

6158 SW 194TH AVENUE  
PEMBROKE PINES, FL 33332

FEI Number: 22-3967355

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILFORD, CHRISTINA MS.  
5120 SW 111TH TERRACE  
DAVIE, FL 33328 US

## Name and Address of New Registered Agent:

WILFORD, CHRISTINA MS.  
6158 SW 194TH AVE  
PEMBROKE PINES, FL 33332 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:

04/28/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MRS. ( ) Delete  
Name: WILFORD, ALINA MRS.  
Address: 5120 SW 111TH TERRACE  
City-St-Zip: DAVIE, FL 33328

Title: MR. ( ) Delete  
Name: WILFORD, BRIAN G MR.  
Address: 5120 SW 111TH TERRACE  
City-St-Zip: DAVIE, FL 33328

## ADDITIONS/CHANGES:

Title: MRS. (X) Change ( ) Addition  
Name: WILFORD, ALINA MRS.  
Address: 6158 SW 194TH AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33332

Title: MR. (X) Change ( ) Addition  
Name: WILFORD, BRIAN G MR.  
Address: 6158 SW 194TH AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33332

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: ALINA WILFORD

MRS.

04/28/2009

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