

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000083484

FILED
Jul 31, 2008
Secretary of State

Entity Name: SPACE COAST STEP BY STEP EARLY LEARNING CENTER LLC

Current Principal Place of Business:

40 NORTH CHRISTMAS HILL ROAD
TITUSVILLE, FL 32796 US

New Principal Place of Business:

Current Mailing Address:

40 NORTH CHRISTMAS HILL ROAD
TITUSVILLE, FL 32796 US

New Mailing Address:

FEI Number: 77-0696032 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD
SUITE A-100
TAMPA, FL 336123425 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JENKINS, LYNN G
Address: 40 NORTH CHRISTMAS HILL ROAD
City-St-Zip: TITUSVILLE, FL 32796 US

Title: MGRM () Delete
Name: JENKINS, ERVIN B SR.
Address: 40 NORTH CHRISTMAS HILL ROAD
City-St-Zip: TITUSVILLE, FL 32796 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ERVIN B JENKINS SR

MGRM

07/31/2008

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