

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000116462

FILED  
Mar 05, 2009  
Secretary of State

**Entity Name:** PONS CHILD CARE AND DEVELOPMENT CENTER THREE, LLC

**Current Principal Place of Business:**

100 JAZZ DRIVE  
B  
PANAMA CITY, FL 32405 US

**New Principal Place of Business:**

**Current Mailing Address:**

100 JAZZ DRIVE  
B  
PANAMA CITY, FL 32405 US

**New Mailing Address:**

P.O. BOX 15414  
PANAMA CITY, FL 32406 US

**FEI Number:** 36-4646008

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GREGORY, APRIL P  
4710 BAYOU BLUFF TRAIL  
LYNN HAVEN, FL 32444 US

**Name and Address of New Registered Agent:**

GREGORY, APRIL P  
100 B JAZZ DRIVE  
PANAMA CITY, FL 32405 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: APRIL GREGORY

03/05/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GREGORY, APRIL P  
Address: POST BOX 15414  
City-St-Zip: PANAMA CITY, FL 32406 US

Title: MGRM ( ) Delete  
Name: JEFFERY, GREGORY D  
Address: POST BOX 15414  
City-St-Zip: PANAMA CITY, FL 32406 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

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

Title: MGR ( ) Change (X) Addition  
Name: KELLY, PAMELA  
Address: 2624 JENKS AVE  
City-St-Zip: PANAMA CITY, FL 32405 US

Title: MGR ( ) Change (X) Addition  
Name: MAY, CLARA  
Address: 2626 JENKS AVE  
City-St-Zip: PANAMA CITY, FL 32405 US

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: APRIL GREGORY

MGRM

03/05/2009

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