

^{2nd} and **FINAL NOTICE:** File on or before Sept. 29, 1999 or Limited Liability Company will be dissolved.

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| LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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FILED *HL 8/9*
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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| FILING FEE \$ 588.75 | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE |
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| 1. Name and Mailing Address of Limited Liability Company DOCUMENT # 194000000339 GEORGIA CHILD CARE SYSTEM, L.C. 621 NW 53RD ST., STE. 450 BOCA RATON FL 33487 |
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| 1a. Principal Place of Business Address 621 NW 53RD ST., STE. 450 BOCA RATON FL 33487 |
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|---|--|--|----------------------------------|--|--|---|
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | 2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country | 3. Date Organized or Qualified 07/18/1994 | 3a. State of Formation FL | 4. FEI Number 65-0490172 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | 5. Date of Last Report 03/16/1998 | 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/> |
|---|--|--|----------------------------------|--|--|---|

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|---|--|----------------------|---|----------------------------------|--------------------|----------------------|
| 7. Name and Address of Current Registered Agent WARLEN, NEESA B ESQUIRE 621 NW 53RD STREET, STE. 450 BOCA RATON FL 33487 | 8. Name and Address of New Registered Agent/Office <table border="1"><tr><td>Name Ira L. Young</td></tr><tr><td>Street Address (P.O. Box Number is Not Acceptable) 621 N.W. 53rd Street,</td></tr><tr><td>Suite, Apt. #, etc. Suite 450</td></tr><tr><td>City Boca Raton</td></tr><tr><td>Zip Code FL 33487</td></tr></table> | Name Ira L. Young | Street Address (P.O. Box Number is Not Acceptable) 621 N.W. 53rd Street, | Suite, Apt. #, etc. Suite 450 | City Boca Raton | Zip Code FL 33487 |
| Name Ira L. Young | | | | | | |
| Street Address (P.O. Box Number is Not Acceptable) 621 N.W. 53rd Street, | | | | | | |
| Suite, Apt. #, etc. Suite 450 | | | | | | |
| City Boca Raton | | | | | | |
| Zip Code FL 33487 | | | | | | |

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE *[Signature]* DATE _____
(Registered Agent Accepting Appointment) (If Not, Registered Agent signature required when reinstating)

| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code |
|----------------|------------------------------|----------------------------------|--------------------------|
| MAN | WEISSMAN, RICHARD | 621 NW 53RD ST., #450 | BOCA RATON FL |
| MAN | WHITE, MICHAEL | 621 NW 53RD ST. #450 | BOCA RATON FL |
| MAN | NOVAS, ALFRED R. | 621 N.W. 53RD STREET, #450 | BOCA RATON, FL 33487 |

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11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *[Signature]* 7.28.99 (601237-222)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #



August 3, 1999

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Re: Georgia Child Care System, L.C.
Document No. L94000000339

Dear Sir/Madam:

Enclosed please find an original Limited Liability Company Annual Report 1999 along with our check in the amount of \$188.75. Also, this letter serves to confirm this is the only notice we have received. We never received a notice in January.

Should you have any questions, please feel free to contact me directly (561) 237-2205.

Very truly yours,

A handwritten signature in cursive script, appearing to read "Donna Pile".

Donna Pile, Secretary to
Ira L. Young

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TALLAHASSEE FLORIDA