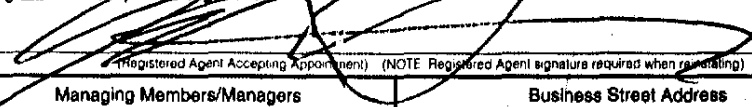
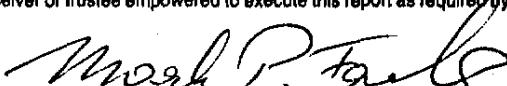


FILE NOW: ~~After May 1, will be \$100.00~~

APPROVED
AND
FILED

1997 MAY 14 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mosham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company SUNSHINE CHILDCARE L.C. 1634 MAIN STREET SARASOTA FL 34236		DOCUMENT # L96000000967	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		1a. Principal Place of Business Address 1634 MAIN STREET SARASOTA FL 34236 3. Date Organized or Qualified 09/12/1996 3a. State of Formation FL 4. FEI Number 65-0641629 ☐ Applied For ☐ Not Applicable 5. Date of Last Report 6. Certificate of Status Desired ☐ SE 25 Additional Fee Required	
7. Name and Address of Current Registered Agent FAMIGLIO, GEORGE V JR 1634 MAIN STREET SARASOTA FL 34236		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City 50000218555-0 05/21/97-01058-010 ****203.75 Zip Code ****203.75 FL	
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 		DATE	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when registering)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	M. OLIVIA CORP.,	POST OFFICE BOX 3319	SARASOTA FL
MEM	MOBY LP,	POST OFFICE BOX 3319	SARASOTA FL
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (f), 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: 		4-29-97 941-957-0775	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date Daytime Phone #	