


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS																	
FILED 99 APR 15 PM 4: 13 SECRETARY OF STATE TALLAHASSEE, FLORIDA																					
<b>FILING FEE</b> \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE																			
1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # L97000000235</b>  TALLAHASSEE DAY SCHOOL, L.C. 517 EAST COLLEGE STREET TALLAHASSEE FL 32301			1a. Principal Place of Business Address  517 EAST COLLEGE STREET TALLAHASSEE FL 32301																		
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified																	
Suite, Apt. #, etc		Suite, Apt. #, etc		02/27/1997																	
City & State		City & State		3a. State of Formation FL																	
Zip		Country		4. FEI Number 59-3448322																	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																	
				5. Date of Last Report 02/26/1998																	
				6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>																	
7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent/Office																		
WAUGH, EMILY S 227 SOUTH CALHOUN STREET TALLAHASSEE FL 32301			Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc City FL Zip Code																		
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 _____																	
10. <table border="1"> <thead> <tr> <th>Title</th> <th>Managing Members/Managers</th> <th>Business Street Address</th> <th>City, State and Zip Code</th> </tr> </thead> <tbody> <tr> <td>MEM</td> <td>SANTON, JULIANNA T</td> <td>703 BEARD STREET</td> <td>TALLAHASSEE FL</td> </tr> <tr> <td>MEM</td> <td>MITCHELL, DAVID S</td> <td>826 CHERRY STREET</td> <td>TALLAHASSEE FL</td> </tr> <tr> <td>MEM</td> <td>MITCHELL, AMELIA C</td> <td>826 CHERRY STREET</td> <td>TALLAHASSEE FL</td> </tr> </tbody> </table>						Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	MEM	SANTON, JULIANNA T	703 BEARD STREET	TALLAHASSEE FL	MEM	MITCHELL, DAVID S	826 CHERRY STREET	TALLAHASSEE FL	MEM	MITCHELL, AMELIA C	826 CHERRY STREET	TALLAHASSEE FL
Title	Managing Members/Managers	Business Street Address	City, State and Zip Code																		
MEM	SANTON, JULIANNA T	703 BEARD STREET	TALLAHASSEE FL																		
MEM	MITCHELL, DAVID S	826 CHERRY STREET	TALLAHASSEE FL																		
MEM	MITCHELL, AMELIA C	826 CHERRY STREET	TALLAHASSEE FL																		
100002848121-5 -04/22/99--01102--021 ****188 75 ****188.75  4-19-99																					
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: <i>Julianna Stanton</i> JULIANNA STANTON (850) 224-1749																					