## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L97000000235**

1. Entity Name

TALLAHASSEE DAY SCHOOL, L.C.



FILED Apr 23, 2004 08:00 AM Secretary of State

Principal Place of Business

517 EAST COLLEGE STREET TALLAHASSEE, FL 32301

Mailing Address

517 EAST COLLEGE STREET TALLAHASSEE, FL 32301



01312004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3448322

Applied For Not Applica

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

WAUGH, EMILY S 227 SOUTH CALHOUN STREET TALLAHASSEE, FL 32301

## DO NOT WRITE IN THIS SPACE

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8. The above the obligation	a named entity submits this statement for the purpose of chan- tions of registered agent.	ging its registere	d office or registered agent, or both, in the St	ate of Florida. I am familiar with, and acc
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	4.075 6 1.	<u> </u>	
	signature, typed or printed name of registered agent and little it applicable.	(NOTE: Hegistered	Agent signature required when reinstating)	DATE
F D	iling Fee is \$50.00 ue by May 1, 2004		U000i 04/23/0	00127140 4-80055-021 50.00
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANTON, JULIANNA T 703 BEARD STREET TALLAHASSEE, FL 32303		· · · · · · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MITCHELL, DAVID S 826 CHERRY STREET TALLAHASSEE, FL 32303			<del></del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM MITCHELL, AMELIA C 826 CHERRY STREET TALLAHASSEE, FL 32303		DO NOT	Γ WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS	SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<del> </del>
TITLE				

11. I 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 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.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

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