

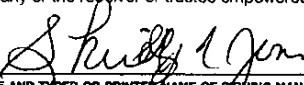


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90029 034 ****50.00

DOCUMENT # L98000001041 1. Entity Name NATIONAL DAYCARE CENTERS LLC					
Principal Place of Business 708 THOMAS DRIVE PANAMA CITY BEACH, FL 32408			Mailing Address 708 THOMAS DRIVE PANAMA CITY BEACH, FL 32408		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JONES, SHIRLEY R 5620 S LAGOON DR PANAMA CITY, FL 32408				Name Shirley R. Jones Street Address (P.O. Box Number is Not Acceptable) 647 Clara Ave City Panama City Beach FL Zip Code 32407	
8. 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. I am familiar with, and accept the obligations of, registered agent. SIGNATURE  DATE 4-15-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete			TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, SHIRLEY R			NAME	647 Clara Ave
STREET ADDRESS	5620 S. LAGOON DR.			STREET ADDRESS	Panama City Beach, FL 32407
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408			CITY-ST-ZIP	Panama City Beach, FL 32407
TITLE	MEM <input type="checkbox"/> Delete			TITLE	179 High Bluff Road <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, SAM			NAME	Hilton Head, SC 22921
STREET ADDRESS	109 COX STILL RD			STREET ADDRESS	
CITY-ST-ZIP	ADEL, GA 31620			CITY-ST-ZIP	
TITLE	MEM <input type="checkbox"/> Delete			TITLE	
NAME	SCARBORO, JOHN			NAME	
STREET ADDRESS	601 E. ELM ST.			STREET ADDRESS	
CITY-ST-ZIP	ADEL, GA 31620			CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date 4-15-05 Daytime Phone # 850-235-8051	