

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000005097

Entity Name: BUBBLES DAY CARE, LC

FILED  
Aug 30, 2005  
Secretary of State

**Current Principal Place of Business:**

2210 - 9TH AVENUE EAST  
BRADENTON, FL 34208

**New Principal Place of Business:**

**Current Mailing Address:**

2210 - 9TH AVENUE EAST  
BRADENTON, FL 34208

**New Mailing Address:**

FEI Number: 65-0947915      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

ROBINSON, LAYON F II, ESQ  
442 OLD MAIN STREET  
BRADENTON, FL 34205      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: MAYS, WARNETTA  
Address: 2210 - 9TH AVENUE EAST  
City-St-Zip: BRADENTON, FL 34208

Title: MGRM      ( ) Delete  
Name: PRESHA, BETTYE  
Address: 880 - 33RD STREET EAST  
City-St-Zip: PALMETTO, FL 34221

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: WARNETTA MAYS

MGRM

08/30/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date