2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2005
Secretary of State

DOCUMENT# M03000001806

Entity Name: KINDERCARE REAL ESTATE, LLC

Current Principal Place of Business:

650 NE HOLLADAY STREET
SUITE 1400 - TAX DEPT.
PORTLAND, OR 97232

New Principal Place of Business:

Current Mailing Address:

650 NE HOLLADAY STREET
SUITE 1400 - TAX DEPT.
PORTLAND, OR 97232

New Mailing Address:

FEI Number: 63-1120501 **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:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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/MEMBERS:

Title:	MGRM	( ) Delete
Name:	JOHNSON, DAVID J CEO	
Address:	650 NE HOLLADAY, SUITE 1400	
City-St-Zip:	PORTLAND, OR 97232	
Title:	MGR	( ) Delete
Name:	WALTERS, BRUCE A VP	
Address:	650 NE HOLLADAY, SUITE 1400	
City-St-Zip:	PORTLAND, OR 97232	
Title:	MGR	( ) Delete
Name:	JACKSON, DAN R CFO	
Address:	650 NE HOLLADAY, SUITE 1400	
City-St-Zip:	PORTLAND, OR 97232	
Title:	MGR	( ) Delete
Name:	BENEDICT, DAVID A VPTX	
Address:	650 NE HOLLADAY, SUITE 1400	
City-St-Zip:	PORTLAND, OR 97232	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES:

Title:	MGRM	(X) Change ( ) Addition
Name:	THOMAS, HEYMANN A CEO	
Address:	650 NE HOLLADAY, SUITE 1400	
City-St-Zip:	PORTLAND, OR 97232	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGR	( ) Change (X) Addition
Name:	KRIPALANI, EVA M VPS	
Address:	650 NE HOLLADAY, SUITE 1400	
City-St-Zip:	PORTLAND, OR 97232	

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: DAVID A BENEDICT MGR 05/06/2005

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