

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001806

Entity Name: KINDERCARE REAL ESTATE, LLC

FILED
Apr 03, 2009
Secretary of State

Current Principal Place of Business:

650 NE HOLLADAY STREET
SUITE 1400
PORTLAND, OR 97232

New Principal Place of Business:

Current Mailing Address:

650 NE HOLLADAY STREET
SUITE 1400
PORTLAND, OR 97232

New Mailing Address:

FEI Number: 63-0941966

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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/MANAGERS:

Title: MGRM () Delete
Name: THORNTON, FELICIA
Address: 650 NE HOLLADAY, SUITE 1400
City-St-Zip: PORTLAND, OR 97232

Title: MGRM () Delete
Name: YALOW, ELANNA
Address: 650 NE HOLLADAY, SUITE 1400
City-St-Zip: PORTLAND, OR 97232

Title: MGRM () Delete
Name: MUSKOVICH, JOHN A
Address: 650 NE HOLLADAY, SUITE 1400
City-St-Zip: PORTLAND, OR 97232

Title: MGRM () Delete
Name: BENEDICT, DAVID A
Address: 650 NE HOLLADAY, SUITE 1400
City-St-Zip: PORTLAND, OR 97232

Title: MGRM () Delete
Name: SIMS, JOHN
Address: 650 NE HOLLADAY, SUITE 1400
City-St-Zip: PORTLAND, OR 97232

Title: MGRM () Delete
Name: HNANICEK, JOHN
Address: 650 NE HOLLADAY STREET, SUITE 1400
City-St-Zip: PORTLAND, OR 97232 US

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: GONZALEZ, RENE
Address: 650 NE HOLLADAY STREET, SUITE 1400
City-St-Zip: PORTLAND, OR 97232 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

MGRM

04/03/2009

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