

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000001224

FILED
Mar 09, 2009
Secretary of State

Entity Name: CHILDCARE EDUCATION INSTITUTE, LLC

Current Principal Place of Business:

3059 PEACHTREE INDUSTRIAL BLVD.
DULUTH, GA 30097

New Principal Place of Business:

Current Mailing Address:

3059 PEACHTREE INDUSTRIAL BLVD.
DULUTH, GA 30097

New Mailing Address:

FEI Number: 20-2429719

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:

CT CORPORATION
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: DALE MORRIS

03/09/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ANDERSON, CARL
Address: 2400 BERNVILLE ROAD
City-St-Zip: READING, PA 19605

Title: MGRM () Delete
Name: NINER, RICHARD T
Address: 680 STEAM BOAT ROAD NO. 1
City-St-Zip: GREENWICH, CT 06830

Title: MGRM () Delete
Name: STRACKBEIN, RONALD
Address: 53 RIDGEVIEW AVENUE
City-St-Zip: GREENWICH, CT 06830

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:

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: MARIA C TAYLOR

CEO

03/09/2009

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