

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000000834

Entity Name: BLUEBIRDS CHILDCARE LLC

FILED  
Jan 20, 2009  
Secretary of State

## Current Principal Place of Business:

188 MORSE ROAD  
SUDBURY, MA 017761719

## New Principal Place of Business:

## Current Mailing Address:

188 MORSE ROAD  
SUDBURY, MA 017761719

## New Mailing Address:

FEI Number: 04-3545013

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HALL, KATE  
5413 SE MILES GRANT UNIT G205  
STUART, FL 34997 US

## Name and Address of New Registered Agent:

HALL, KATE Y CHAIR  
5413 SE MILES GRANT  
UNIT G205  
STUART, FL 34997 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: KATE HALL

01/20/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: HALL, KATE  
Address: 188 MORSE ROAD  
City-St-Zip: SUDBURY, MA 017761719

Title: MGR ( ) Delete  
Name: HALL, CHRISTOPHER  
Address: 188 MORSE ROAD  
City-St-Zip: SUDBURY, MA 017761719

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: HALL, CHRISTOPHER C MAN DIR  
Address: 188 MORSE ROAD  
City-St-Zip: SUDBURY, MA 017761719

Title: MGR (X) Change ( ) Addition  
Name: HALL, KATE Y CHAIR  
Address: 5413 SE MILES GRANT, UNIT G205  
City-St-Zip: STUART, FL 34997

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: CHRISTOPHER HALL

MGR

01/20/2009

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