

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000001694**

1. Entity Name

**THE LEARNING CONTINUUM COMPANY, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR -6 PM 6:38



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2101 N.W. 2ND AVENUE, STE. 5 BOCA RATON FL 33431	Mailing Address 2101 N.W. 2ND AVENUE, STE. 5 BOCA RATON FL 33431-7498
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>65-0773794</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**THE LEARNING CONTINUUM COMPANY, INC.**  
2101 N.W. 2ND AVENUE, STE. 5  
BOCA RATON FL 33431

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> Zip Code

8. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$30,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

**12. GENERAL PARTNER INFORMATION**

**13. ADDRESS CHANGES ONLY**

DOCUMENT #	<b>P97000066844</b>
NAME	<b>THE LEARNING CONTINUUM COMPANY, INC.</b>
STREET ADDRESS	<b>2101 N.W. 2ND AVENUE, STE. 5</b>
CITY - ST - ZIP	<b>BOCA RATON FL 33431</b>

STREET ADDRESS	
CITY - ST - ZIP	

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STREET ADDRESS	<b>700003179147--1</b>
CITY - ST - ZIP	<b>-03/22/00--01010--021</b>
	<b>****298.75 ****298.75</b>

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14. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: **2/28/00** Daytime Phone #: **561-362-8028**