

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

DOCUMENT # A97000001694

1. Entity Name
THE LEARNING CONTINUUM COMPANY, LTD.



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

FILED

2005 APR 11 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03162005 Chg-LP CR2E003 (10/03)

4. FEI Number
65-0773794

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. I am familiar with and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

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

10. Amount of Capital Contribution
in FLORIDA to date.

\$30,000.00

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

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

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

800054292898
05/11/05--01064--003 **298.75

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Day/Month/Year

4/6/05

561 362-8088