


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 8, 2004**

FILED

2004 AUG 23 PM 1:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # B01000000178		
1. Entity Name LEARNING SKILLS, LTD.		

Principal Place of Business 800 MAIN STREET, SUITE 3 AMHERST, MA 01002	Mailing Address 10915 BONITA BEACH RD., STE 2144 BONITA SPRINGS, FL 34135
--	---

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



07232004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3674636		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SCHWEIKHARDT, WILLIAM 900 SIXTH AVENUE SOUTH, SUITE 203 NAPLES, FL 34102		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$7,500.00	10. Amount of Capital Contributions in FLORIDA to date.
---	---

**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 #	NAME	STREET ADDRESS	
NAME	FLEISHNER, LEWIS	CITY-ST-ZIP	
STREET ADDRESS	800 MAIN ST., STE 3		
CITY-ST-ZIP	AMHERST, MA 01002		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	BRIGHAM, PETER	CITY-ST-ZIP	88.75
STREET ADDRESS	10915 BONITA BEACH RD., SUITE 2144		
CITY-ST-ZIP	BONITA SPRINGS, FL 34135		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	100040684081
STREET ADDRESS			08/31/04--01021--001 **116.25
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: Peter Brigham Peter B. Brigham 8/3/04 239-947-2259  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #