


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # B01000000178	
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR -7 AM 10: 02

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

02202005 Chg-LP CR2E003 (10/03)

4. FEI Number
59-3674636

Applied For	Not Applicable
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5. Certificate of Status Desired ☐ **\$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 _____ Signature, typed or printed name of registered agent and title if applicable. **DATE** _____

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	CITY-ST-ZIP
	FLEISHNER, LEWIS		
STREET ADDRESS	800 MAIN ST., STE 3		
CITY-ST-ZIP	AMHERST, MA 01002		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	BRIGHAM, PETER		
STREET ADDRESS	10915 BONITA BEACH RD., SUITE 2144		
CITY-ST-ZIP	BONITA SPRINGS, FL 34135		
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CITY-ST-ZIP			

100048186791
03/11/05-01007-015 **141.25

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 B. Brigham Peter B. Brigham 3/3/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE