

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Mar 01, 2006 08:00 AM**  
**Secretary of State**

**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**



02262006 No Chg-LP

CRZE003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3674636**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SCHWEIKHARDT, WILLIAM  
900 SIXTH AVENUE SOUTH, SUITE 203  
NAPLES, FL 34102**

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2006, Fee will be \$900.00**

**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 #	
NAME	<b>FLEISHNER, LEWIS</b>
STREET ADDRESS	<b>800 MAIN ST., STE 3</b>
CITY-ST-ZIP	<b>AMHERST, MA 01002</b>
DOCUMENT #	
NAME	<b>BRIGHAM, PETER</b>
STREET ADDRESS	<b>10915 BONITA BEACH RD., SUITE 2144</b>
CITY-ST-ZIP	<b>BONITA SPRINGS, FL 34135</b>
DOCUMENT #	
NAME	
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03/10/06-80040-011 500.00

**DO NOT WRITE  
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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) 2/27/06 (239) 947-2259**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE