

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 04, 2007 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**



01182007 No Chg-LP

CR2E003 (12/06)

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

8. 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, 2007, 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
STREET ADDRESS
CITY-ST-ZIP
**FLEISHNER, LEWIS
800 MAIN ST., STE 3
AMHERST, MA 01002**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**BRIGHAM, PETER
10915 BONITA BEACH RD., SUITE 2144
BONITA SPRINGS, FL 34135**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

U000000690025
04/11/07-80058-015 500.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

PETER B. BRIGHAM

Date

Daytime Phone #

4/2/07 (239) 947-2359

STAPLE CHECK HERE