


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 11, 2008 08:00 A
Secretary of State

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

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| 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 - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



01152008 Chg-LP CR2E003 (12/06)

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| 4. FEI Number 59-3674636 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent SCHWEIKHARDT, WILLIAM 900 SIXTH AVENUE SOUTH, SUITE 203 NAPLES, FL 34102 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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.

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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 | | 13. ADDRESS CHANGES ONLY | |
|---------------------------------|---|--------------------------|--|
| DOCUMENT # | | STREET ADDRESS | |
| NAME | FLEISHNER, LEWIS | CITY-ST-ZIP | |
| STREET ADDRESS | 800 MAIN ST., STE 3 | | |
| CITY-ST-ZIP | AMHERST, MA 01002 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | BRIGHAM, PETER | CITY-ST-ZIP | |
| STREET ADDRESS | 10915 BONITA BEACH RD., SUITE 2144 | | |
| CITY-ST-ZIP | BONITA SPRINGS, FL 34135 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
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| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

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** 4/7/08 239 947-2259
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE