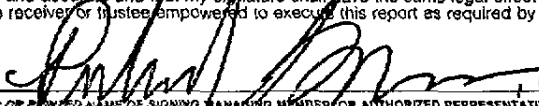


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000001486			
1. Entity Name THE SAGEMONT VIRTUAL SCHOOL, LLC			
Principal Place of Business 2585 GLADES CIR WESTON, FL 33327	Mailing Address 2585 GLADES CIR WESTON, FL 33327		
DO NOT WRITE IN THIS SPACE			
		03072006 No Chg-LLC CR2E083 (11/05)	
		4. FEI Number 65-1081399	Applied For ☐ Not Applicable ☐
		5. Certificate of Status Desired ☒	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent FINEBERG, LIBO B 3500 GATEWAY DRIVE, SUITE 201 POMPANO BEACH, FL 33069		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. (NOTE: Registered Agent signature required when reappointing) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2006			
9. MANAGING MEMBERS/MANAGERS		1100000495337 04/21/06-00006-009 55.00 DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAGEMONT CORP. 1570 TOWN CENTER CIRCLE WESTON, FL 33326		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FINEBERG, LIBO B 3500 GATEWAY DRIVE, SUITE 201 POMPANO BEACH, FL 33069		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOLDMAN, RICHARD 1570 TOWN CENTER CIRCLE WESTON, FL 33326		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOLDMAN, RENEE 1570 TOWN CENTER CIRCLE WESTON, FL 33326		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		Richard Goldman	Member/Manager 3-16-06 954-389-2951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #