


FILED
Jun 10, 2004 8:00 am
Secretary of State

04-30-2004 90077 006 ****50.00

**2004 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L03000013968					
1. Entity Name SUMMIT MONTESSORI TEACHER TRAINING INSTITUTE, L.L.C.					
Principal Place of Business 3881 N.W. 3RD AVENUE BOCA RATON, FL 33431			Mailing Address 3881 N.W. 3RD AVENUE BOCA RATON, FL 33431		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04162004 Chg-LLC CR2E083 (10/03)	
Zip		Country		4. FEI Number 68-0552805	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SMOLEY, ROBERT ESQ GRAND BAY PLAZA, SUITE 200 2665 S. BAYSHORE DRIVE MIAMI, FL 33133			Name Street Address (P.O. Box Number is Not Acceptable) 1455 N. Park Drive City Weston FL Zip Code 33226		
SEE NEW ADDRESS →					
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 _____ <small>Signatures: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	JEANNE HYDETT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5109 N. Ocean Blvd.		NAME		
STREET ADDRESS	Ocean Ridge, Fl. 33435		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	Judy Dempsey	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5451 SW 46th Ave.		NAME		
STREET ADDRESS	Dade, Fl. 33314		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Jeanne Hydett</u>			Date: <u>4/16/04</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

Director
 Director