

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90059 002 \*\*\*\*50.00  
05-07-2004 90001 004 \*\*\*\*50.00

**DOCUMENT # L03000016385**

1. Entity Name

THE LEARNING GARDEN MONTESSORI SCHOOL, LLC



Principal Place of Business

5527 OLD DIXIE HIGHWAY  
FORT PIERCE FL 34946

Mailing Address

375 39TH COURT  
VERO BEACH FL 32968

2. Principal Place of Business

3. Mailing Address

122 43rd Avenue, S.W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Vero Beach, Florida

Zip

Country

Zip

Country

32968

Indian River

6. Name and Address of Current Registered Agent

BARKETT, ERIC C ESQ  
2165 15TH AVENUE  
VERO BEACH FL 32960

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

4. FEI Number

42-1595813

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME LANGLEY, JACQUELINE  
STREET ADDRESS 375 39TH COURT  
CITY-ST-ZIP VERO BEACH FL 32968

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE Secretary/Treasurer ☐ Change ☒ Addition  
NAME Jack L. Kempton  
STREET ADDRESS 770 Lake Drive  
CITY-ST-ZIP Vero Beach, Florida 32963

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-22-04 772-5679830