2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000016385

1. Entity Name
THE LEARNING GARDEN MONTESSORI SCHOOL, LLC

Principal Place of Business	Mailing Address
5527 OLD DIXIE HIGHWAY FORT PIERCE, FL 34946	122 43RD AVE. S.W. VERO BEACH, FL 32968

01042006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1595813
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

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01/11/06-80071-008 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	ST
NAME	LANGLEY, JACQUELINE
STREET ADDRESS	375 39TH COURT
CITY-ST-ZIP	VERO BEACH, FL 32968
TITLE	MGRM
NAME	KEMPTON, JACK L
STREET ADDRESS	770 LAKE DRIVE
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/18/06-80055-018 55.00

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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: _____ MGRM 1-5-06 772-562-98[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #