

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000062076

FILED
Jan 19, 2006
Secretary of State

Entity Name: NORTHTREE FAMILY LEARNING CENTER, LLC

Current Principal Place of Business:

23117 BOCA CLUB COLONY CIRCLE
BOCA RATON, FL 33433

New Principal Place of Business:

6520 NORTHTREE BLVD
LAKE WORTH, FL 33467

Current Mailing Address:

23117 BOCA CLUB COLONY CIRCLE
BOCA RATON, FL 33433

New Mailing Address:

6520 NORTHTREE BLVD.
LAKE WORTH, FL 33467

FEI Number: 51-0523804

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARIS, PATRICIA
23117 BOCA CLUB COLONY CIRCLE
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

BARIS, PATRICIA
6520 NORTHTREE BLVD
LAKE WORTH, FL 33467 US

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.

SIGNATURE: PATRICIA BARIS

01/19/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BARIS, PATRICIA
Address: 23117 BOCA CLUB COLONY CIRCLE
City-St-Zip: BOCA RATON, FL 33433

Title: MGRM () Delete
Name: BARIS, GARY
Address: 23117 BOCA CLUB COLONY CIRCLE
City-St-Zip: BOCA RATON, FL 33433

Title: MGRM () Delete
Name: CHALOCK, PAULA
Address: 283 32ND STREET
City-St-Zip: LINDENHURST, NY 11757

Title: MGRM () Delete
Name: ROLDAN, JUAN CARLOS
Address: 18284 CLEARBROOKE CIRCLE
City-St-Zip: BOCA RATON, FL 33498

Title: MGRM () Delete
Name: ROLDAN, DORA
Address: 18284 CLEARBROOKE CIRCLE
City-St-Zip: BOCA RATON, FL 33498

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BARIS, PATRICIA
Address: 9401 OLD PINE RD
City-St-Zip: BOCA RATON, FL 33428

Title: MGRM (X) Change () Addition
Name: BARIS, GARY
Address: 9401 OLD PINE RD
City-St-Zip: BOCA RATON, FL 33428

Title: MGRM (X) Change () Addition
Name: CHALOCK, PAULA
Address: 20963 SINNAKER WAY
City-St-Zip: BOCA RATON, FL 33428

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PATRICIA BARIS

MGRM

01/19/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date