2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2008
Secretary of State

DOCUMENT# L04000062076

Entity Name: NORTHTREE FAMILY LEARNING CENTER, LLC

Current Principal Place of Business:

6520 NORTHTREE BLVD
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

6520 NORTHTREE BLVD.
LAKE WORTH, FL 33467

New Mailing Address:

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
6520 NORTHTREE BLVD
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	BARIS, PATRICIA	
Address:	9401 OLD PINE RD	
City-St-Zip:	BOCA RATON, FL 33428	
Title:	MGRM	( ) Delete
Name:	BARIS, GARY	
Address:	9401 OLD PINE RD	
City-St-Zip:	BOCA RATON, FL 33428	
Title:	MGRM	( ) Delete
Name:	CHALOCK, PAULA	
Address:	20963 SINNAKER WAY	
City-St-Zip:	BOCA RATON, FL 33428	
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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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 MM 02/25/2008

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