

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000062076

FILED
Mar 24, 2009
Secretary of State

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:

9401 OLD PINE RD
BOCA RATON, FL 33428

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

MGMR

03/24/2009

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