


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

97 APR -7 AM 8:42

FILING FEE	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
\$ 203.75	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # L95000000686**

~~THE SAGEMONT SCHOOL, L.C.~~
~~499 NW 70TH AVENUE~~
~~SUITE 106~~
~~PLANTATION FL 33317~~

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

1a. Principal Place of Business Address

3500 GATE DRIVE
 #201
 POMPANO BEACH FL 33069 *MMB*

2. Principal Place of Business **2a. Mailing Address**

1570 Town Center Circle *same*

Suite, Apt. #, etc.

City & State: *Weston, FL* City & State: _____

Zip: *33326* Country: *USA* Zip: _____ Country: _____

3. Date Organized or Qualified **3a. State of Formation**

09/07/1995 **FL**

4. FEI Number Applied For
 Not Applicable

65-0607202

5. Date of Last Report **6. Certificate of Status Desired**

05/01/1996 \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

FINEBERG, LIBO B ESQ
 3500 GATE DRIVE, #201
 POMPANO BEACH FL 33069

8. Name and Address of New Registered Agent

Name: _____

Street Address (P.O. Box Number is Not Acceptable): *3500 Gateway Drive*

Suite, Apt. #, etc.

City: _____ Zip Code: **FL**

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	SAGEMONT, CORP.	3500 GATEWAY DR., #201, C/	POMPANO BEACH FL
MGRM	KQC INVESTORS, LLC	1310 LEWISVILLE-CLEMMONS R	LEWISVILLE NC
MGRM	NOBEL EDUCATION DYNAMI	1400 N. PROVIDENCE RD.	MEDIA PA

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11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *Renee K. Goldman* **Renee K. Goldman** *3/18/97* **(954) 384-5454**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #