File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE FILED SECRETARY OF STATE DIVISION OF CORPORATIONS LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 APR -9 AM 8: 16 FILING FEE | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 188.75 Name and Malling Address of Limited Liability Company DOCUMENT # 19500000686 1a. Principal Place of Business Address THE SAGEMONT SCHOOL, L.C. 1570 TOWN CENTER CIRCLE 1570 TOWN CENTER CIRCLE WESTON FL 33326 WESTON FL 33326 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 09/07/1995 FL Sulte, Apt. #, etc. Suite, Apt. #, etc. FEI Number Applied For City & State City & State 65-0607202 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Žio Country Zip Country SB.75 Additional Fee Required 04/07/1997 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name FINEBERG, LIBO B ESQ 3500 GATEWAY DRIVE Street Address (P.O. Box Number is Not Acceptable) STE 201 POMPANO BEACH FL 33069 Suite, Apt. #, etc. City Zip Code 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 segnature 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 600002488206---4

11. Ido 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: 🗴

SKINATURE AND TYPE O OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3-13-98

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