


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 APR -8 PM 1:01 SECRETARY OF STATE TALLAHASSEE, FLORIDA													
FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE		DOCUMENT # L9500000686															
1. Name and Mailing Address of Limited Liability Company THE SAGEMONT SCHOOL, L.C. 1570 TOWN CENTER CIRCLE WESTON FL 33326			1a. Principal Place of Business Address 1570 TOWN CENTER CIRCLE WESTON FL 33326														
2. Principal Place of Business Suite, Apt #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt #, etc. City & State Zip Country		3. Date Organized or Qualified 09/07/1995													
				3a. State of Formation FL													
				4. FEI Number 65-0607202													
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable													
				5. Date of Last Report 04/09/1998													
				6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required													
7. Name and Address of Current Registered Agent FINEBERG, LIBO B ESQ 3500 GATEWAY DRIVE STE 201 POMPANO BEACH FL 33069			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt #, etc. City FL 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 _____														
10. Title <table border="1"> <thead> <tr> <th>Managing Members/Managers</th> <th>Business Street Address</th> <th>City, State and Zip Code</th> </tr> </thead> <tbody> <tr> <td>MGRM SAGEMONT, CORP.</td> <td>3500 GATEWAY DR., #201, C/</td> <td>POMPANO BEACH FL</td> </tr> <tr> <td>MGRM KQC INVESTORS, LLC</td> <td>1310 LEWISVILLE-CLEMMONS R</td> <td>LEWISVILLE, NC (Delete)</td> </tr> <tr> <td>MGRM NOBEL EDUCATION DYNAMI</td> <td>1400 N. PROVIDENCE RD.</td> <td>MEDIA PA</td> </tr> </tbody> </table>						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 (Delete)	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: X <i>Renee K. Goldman</i> <small>SIGNATURE AND TITLE OF LIMITED LIABILITY COMPANY MEMBER OR MANAGER</small>			Renee K. Goldman, President of Sagemont Corp., Member/Manager 3-25-99 (954) 384-5454														