

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90273 047 \*\*\*\*55.00

**DOCUMENT # L95000000686**

1. Entity Name  
 THE SAGEMONT SCHOOL, L.C.



Principal Place of Business  
 1570 TOWN CENTER CIRCLE  
 WESTON, FL 33326

Mailing Address  
 1570 TOWN CENTER CIRCLE  
 WESTON, FL 33326

**DO NOT WRITE IN THIS SPACE**



01272004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0607202	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

FINEBERG, LIBO B ESQ  
 3500 GATEWAY DRIVE  
 STE 201  
 POMPANO BEACH, FL 33069

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
 Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAGEMONT, CORP. 3500 GATEWAY DR., #201, C/O LIBO FINEBERG POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NOBEL EDUCATION DYNAMICS, INC. 1400 N. PROVIDENCE RD. MEDIA, PA 19063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I 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 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.

**SIGNATURE:** Richard Goldman  
 Member/Manager 2-3-04 954-309-2454  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #