


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90027 019 \*\*\*\*55.00

DOCUMENT # L95000000686 1. Entity Name THE SAGEMONT SCHOOL, L.C.	
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Principal Place of Business 1570 TOWN CENTER CIRCLE WESTON, FL 33326	Mailing Address 1570 TOWN CENTER CIRCLE WESTON, FL 33326
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**DO NOT WRITE IN THIS SPACE**



01062005No Chg-LLC CR2E083 (10/03)

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

**Filing Fee is \$50.00  
Due by May 1, 2005**

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 <del>NOBEL EDUCATION DYNAMICS, INC.</del> 1400 N. PROVIDENCE RD. MEDIA, PA 19063 <span style="float: right;">delete</span>
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	

**DO NOT WRITE  
IN THIS SPACE**

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Richard Goldman - Member/Manager      2-7-2005 954-389-2454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #