


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90103 010 ***143.75

| | | | | | |
|--|---|---------------------------------|---|---|-----------------------------------|
| DOCUMENT # L95000000686 | | | |  | |
| 1. Entity Name THE SAGEMONT SCHOOL, L.C. | | | | | |
| Principal Place of Business 1570 TOWN CENTER CIRCLE WESTON, FL 33326 | | | Mailing Address 2585 GLADES CIRCLE WESTON, FL 33327 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 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 | | | 7. Name and Address of New Registered Agent | | |
| FINEBERG, LIBO B ESQ 3500 GATEWAY DRIVE STE 201 POMPANO BEACH, FL 33069 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL Zip Code | | |
| 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 _____ | | | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE | MGRM | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SAGEMONT, CORP. | | NAME | | |
| STREET ADDRESS | 3500 GATEWAY DR., #201, C/O LIBO FINEBERG | | STREET ADDRESS | | |
| CITY-ST-ZIP | POMPANO BEACH, FL 33069 | | CITY-ST-ZIP | | |
| TITLE | MGRM | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | GOLDMAN, RICHARD M | | NAME | | |
| STREET ADDRESS | 2585 GLADES CIRCLE | | STREET ADDRESS | | |
| CITY-ST-ZIP | WESTON, FL 33327 | | CITY-ST-ZIP | | |
| TITLE | MGRM | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | GOLDMAN, RENEE K | | NAME | | |
| STREET ADDRESS | 2585 GLADES CIRCLE | | STREET ADDRESS | | |
| CITY-ST-ZIP | WESTON, FL 33327 | | CITY-ST-ZIP | | |
| TITLE | MGRM | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | FINEBERG, LIBO B | | NAME | | |
| STREET ADDRESS | 3500 GATEWAY DRIVE, SUITE 201 | | STREET ADDRESS | | |
| CITY-ST-ZIP | POMPANO BEACH, FL 33069 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: * | | Brent Goldman Member Manager | | 4/9/08. 954-389-2484 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Date | | Daytime Phone # | |