


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jan 28, 2005 08:00 AM  
Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # L99000001781</b><br>1. Entity Name<br><b>PROFESSIONAL LEARNING CENTER OF BOYNTON<br/>BEACH, L.L.C.</b> |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>22354 SW 57TH AVENUE<br/>BOCA RATON, FL 33433</b> | Mailing Address<br><b>22354 SW 57TH AVENUE<br/>BOCA RATON, FL 33433</b> |
|---|---|

**DO NOT WRITE IN THIS SPACE**



01052005No Chg-LLC

CR2E083 (10/03)

|   |  |
|---|--|
| 4. FEI Number<br><b>65-0908152</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional<br>Fee Required               |

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br><b>ASTOR, LIONEL<br/>22354 SW 57TH AVENUE<br/>BOCA RATON, FL 33433</b> |
|---|

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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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|--|--|------------|

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

| 9. MANAGING MEMBERS/MANAGERS                       |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>ASTOR, LIONEL<br>22354 SW 57TH AVENUE<br>BOCA RATON, FL 33433 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>MEINBERG, MARK<br>280 PLANDOME ROAD<br>MANHASSET, NY 11030    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>SINGER, RALPH<br>3855 NW 55TH DRIVE<br>BOCA RATON, FL 33496   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

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01/28/05-80085-011 50.00

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.

|  |  |  |                     |
|--|--|--|---------------------|
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | <b>LIONEL ASTOR</b><br><small>Date</small> | <b>1/24/05</b><br><small>Daytime Phone #</small> | <b>561-487-1230</b> |
|--|--|--|---------------------|