2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

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Entity Name
PROFESSIONAL LEARNING CENTER OF BOYNTON BEACH, L.L.C.

Principal Place of Business	Mailing Address
22354 SW 57TH AVENUE BOCA RATON, FL 33433	22354 SW 57TH AVENUE BOCA RATON, FL 33433

01052006 No Chg-LLC CR2E083 (11/05)

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4. FEI Number
65-0908152
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ASTOR, LIONEL
22354 SW 57TH AVENUE
BOCA RATON, FL 33433

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

Filing Fee is $50.00
Due by May 1, 2006

MANAGING MEMBERS/MANAGERS

	MGRM ASTOR, LIONEL
ST ADDRESS ST-ZIP	22354 SW 57TH AVENUE BOCA RATON, FL 33433
	MGRM MEINBERG, MARK
ST ADDRESS ST-ZIP	280 PLANDOME ROAD MANHASSET, NY 11030
	MGRM SINGER, RALPH
ST ADDRESS ST-ZIP	3855 NW 55TH DRIVE BOCA RATON, FL 33496
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01/30/06-80093-017 50.00

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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: LIONEL ASTOR 1/17/06 561-487-1230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #