


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

04-08-2004 90273 031 ****55.00

DOCUMENT # L99000003745
1. Entity Name
THE SAGEMONT UPPER SCHOOL, LLC



Principal Place of Business 2585 GLADES CIRCLE WESTON, FL 33326	Mailing Address 2585 GLADES CIRCLE WESTON, FL 33326
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24036847

DO NOT WRITE IN THIS SPACE



01272004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0929685	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FINEBERG, LIBO B ESQ
3500 GATEWAY DRIVE, SUITE 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. 1570 TOWN CENTER CIRCLE WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GOLDMAN, RICHARD 1570 TOWN CENTER CIRCLE WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GOLDMAN, RENEE 1570 TOWN CENTER CIRCLE WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FINEBERG, LIBO B 3500 GATEWAY DRIVE, SUITE 201 POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  Richard Goldman
Member/Manager 2-3-04 954-389-2454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #