2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000003745

1. Entity Name
THE SAGEMONT UPPER SCHOOL, LLC

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

DO NOT WRITE IN THIS SPACE

01062005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
65-0929685	Not Applicable

5. Certificate of Status Desired   ☒   **$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

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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 _____

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, 2005

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SAGEMONT CORP.
STREET ADDRESS	1570 TOWN CENTER CIRCLE
CITY-ST-ZIP	WESTON, FL 33326
TITLE	MGRM
NAME	GOLDMAN, RICHARD
STREET ADDRESS	1570 TOWN CENTER CIRCLE
CITY-ST-ZIP	WESTON, FL 33326
TITLE	MGRM
NAME	GOLDMAN, RENEE
STREET ADDRESS	1570 TOWN CENTER CIRCLE
CITY-ST-ZIP	WESTON, FL 33326
TITLE	MGRM
NAME	FINEBERG, LIBO B
STREET ADDRESS	3500 GATEWAY DRIVE, SUITE 201
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/19/05-80033-002 55.00

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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

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