


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

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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**DO NOT WRITE IN THIS SPACE**



01302008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 65-0929685	Applied For <input type="checkbox"/> Not Applicable
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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

**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 \_\_\_\_\_

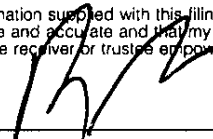
**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

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 2585 GLADES CIRCLE WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOLDMAN, RENEE 2585 GLADES CIRCLE WESTON, FL 33327
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000838670  
 04/28/08-80006-011 143.75

**DO NOT WRITE IN THIS SPACE**

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 4/9/08 954-389-2454

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