## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L99000003745

Entity Name: THE SAGEMONT UPPER SCHOOL, LLC

FILED Jan 30, 2009 Secretary of State

Current P	rincipal Place of Business:	New Principal Place of Business:
	DES CIRCLE , FL 33326	2585 GLADES CIRCLE WESTON, FL 33327
Current M	lailing Address:	New Mailing Address:
2585 GLADES CIRCLE WESTON, FL 33326		2585 GLADES CIRCLE WESTON, FL 33327
FEI Number	: 65-0929685 FEI Number Applied For ( )	FEI Number Not Applicable ( ) Certificate of Status Desired (X)
Name and	Address of Current Registered Agent	Name and Address of New Registered Agent:
3500 GATI	G, LIBO B ESQ EWAY DRIVE, SUITE 201 D BEACH, FL 33069 US	
	named entity submits this statement for the of Florida.	e purpose of changing its registered office or registered agent, or both,
SIGNATU	RE:	
	Electronic Signature of Registered	Agent Date
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:
Title: Name: Address: City-St-Zip:	MGRM () Delete SAGEMONT CORP. 1570 TOWN CENTER CIRCLE WESTON, FL 33326	Title: MGRM (X) Change ( ) Addition Name: SAGEMONT CORP. Address: 2585 GLADES CIRCLE City-St-Zip: WESTON, FL 33327
Title: Name: Address: City-St-Zip:	MGRM () Delete GOLDMAN, RICHARD 2585 GLADES CIRCLE WESTON, FL 33327	Title: MGRM (X) Change ( ) Addition Name: GOLDMAN, RICHARD M Address: 2585 GLADES CIRCLE City-St-Zip: WESTON, FL 33327
Title: Name: Address: City-St-Zip:	MGRM () Delete GOLDMAN, RENEE 2585 GLADES CIRCLE WESTON, FL 33327	Title: MGRM (X) Change ( ) Addition Name: GOLDMAN, RENEE K Address: 2585 GLADES CIRCLE City-St-Zip: WESTON, FL 33327
Title: Name: Address: City-St-Zip:	MGRM ( ) Delete FINEBERG, LIBO B 3500 GATEWAY DRIVE, SUITE 201 POMPANO BEACH, FL 33069	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	( ) Delete	Title: MGRM () Change (X) Addition Name: GOLDMAN, BRENT O Address: 2585 GLADES CIRCLE City-St-Zip: WESTON. FL 33327

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 O. GOLDMAN MGRM 01/30/2009