

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
May 08, 2003 8:00 am  
Secretary of State

05-08-2003 90080 012 \*\*\*\*50.00

DOCUMENT # L02000015681



1. Entity Name  
**ACADEMIC MEASUREMENT & KNOWLEDGE MANAGEMENT, L.L.C.**

Principal Place of Business  
**728 MONTE CRISTO BLVD  
TIERRA VERDE FL 33715**

Mailing Address  
**728 MONTE CRISTO BLVD  
TIERRA VERDE FL 33715**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**10560 Alvarado Ct**  
Suite, Apt. #, etc.

3. Mailing Address  
**10560 ALVARADO Ct**  
Suite, Apt. #, etc.

City & State  
**Seminole, FL**

City & State  
**Seminole, FL**

4. FEI Number  
**03-0462032**

Applied For  
 Not Applicable

Zip  
**33772**

Country  
**USA**

Zip  
**33772**

Country  
**USA**

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**GASSMAN, ALAN S  
1245 COURT STREET STE. 102  
CLEARWATER FL 33756**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BARNARD, DEBRA 728 MONTE CRISTO BLVD TIERRA VERDE FL 33715</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Debra Barnard **DEBRA J. BARNARD**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**5-1-03**  
Date

**(727) 582-2036**  
Daytime Phone #

CR2E083 (10/02)