

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000016906

**FILED**  
**Feb 12, 2004**  
**Secretary of State**

**Entity Name:** PRINCETON ACADEMY REALTY, LLC

**Current Principal Place of Business:**

13300-56 S. CLEVELAND AVE  
# 202  
FORT MYERS, FL 33907

**New Principal Place of Business:**

11545 OSPREY LANDING WAY  
FORT MYERS, FL 33908

**Current Mailing Address:**

13300-56 S. CLEVELAND AVE  
# 202  
FORT MYERS, FL 33907

**New Mailing Address:**

11545 OSPREY LANDING WAY  
FORT MYERS, FL 33908

**FEI Number:** 32-0076671

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WOLFSON, MARTIN  
13300-56 S. CLEVELAND AVE  
# 202  
FORT MYERS, FL 33907 US

**Name and Address of New Registered Agent:**

WOLFSON, MARTIN  
11545 OSPREY LANDING WAY  
FORT MYERS, FL 33908 US

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.

SIGNATURE:

02/12/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: WOLFSON, JANIS  
Address: 13300-56 S. CLEVELAND AVE #202  
City-St-Zip: FORT MYERS, FL 33907

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: WOLFSON, JANIS  
Address: 11545 OSPREY LANDING WAY  
City-St-Zip: FORT MYERS, FL 33908

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JANIS WOLFSON

MM

02/12/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date