

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

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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	MGR BARNARD, DEBRA 728 MONTE CRISTO BLVD TIERRA VERDE FL 33715	<input type="checkbox"/> Delete
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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: Debra Barnard **DEBRA J. BARNARD** **5-1-03** **(727) 582-2036**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)