2008 LIMITED PARTNERSHIP ANNUAL REPORT

Jan 25, 2008 08:00 A Secretary of State Due By May 1, 2008 **DOCUMENT # A01000000467** ACADEMY PARK ASSOCIATES, L.L.L.P. Principal Place of Business Mailing Address 240 SOUTH PINEAPPLE AVE., TENTH FLOOR 240 SOUTH PINEAPPLE AVE., TENTH FLOOR SARASOTA, FL 34236 SARASOTA, FL 34236 01212008 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1093549 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KNOWLES, CHARLES DO NOT WRITE 4034 ROBERTS POINT ROAD SARASOTA, FL 34242 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, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00 01/30/08-80036-004 500.00 A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. GENERAL PARTNER INFORMATION 12. DOCUMENT # NAME BAND DAVID S STREET ADDRESS 240 SOUTH PINEAPPLE AVE., TENTH FLOOR CITY-ST-ZIP SARASOTA, FL 34236 DOCUMENT # NAME STREET ADDRESS CITY-ST-7/P DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-7IP DOCUMENT # STREET ADDRESS CITY-ST-ZiP DOCUMENT

14. 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 acceptate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered by execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

FILED