

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000066373 1. Entity Name ACADEMIC ASSOCIATES OF LONGBOAT, L.L.C.	
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Principal Place of Business 435 L'AMBIANCE DRIVE #806 LONGBOAT KEY, FL 34236	Mailing Address 435 L'AMBIANCE DRIVE #806 LONGBOAT KEY, FL 34236
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DO NOT WRITE IN THIS SPACE



03062004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1021997	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SKIPPER, J. RONALD
 1515 RINGLING BOULEVARD, STE. 1000
 SARASOTA, FL 34236

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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)

**Filing Fee is \$50.00
 Due by May 1, 2004**

U00000088766
 03/15/04-80064-018 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FAIR, WILLIAM R III 50 WEST 77TH ST NEW YORK, NY 10024
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FAIR, MARY ANN 435 L'AMBIANCE DRIVE # 806 LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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)(d), 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

MAR 08 2004

Date Daytime Phone #