

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90027 016 \*\*\*\*50.00

20038685



<b>DOCUMENT # L00000006373</b> 1. Entity Name ACADEMIC ASSOCIATES OF LONGBOAT, L.L.C.																																																																																																						
Principal Place of Business 435 L'AMBIANCE DRIVE #806 LONGBOAT KEY, FL 34236		Mailing Address 435 L'AMBIANCE DRIVE #806 LONGBOAT KEY, FL 34236																																																																																																				
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address 2381 FRUITVILLE ROAD  Suite, Apt. #, etc.  City & State SARASOTA, FLORIDA  Zip      Country 34237																																																																																																				
		03182006    Chg-LLC    CR2E083 (11/05)																																																																																																				
		4. FEI Number 65-1021997																																																																																																				
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required -																																																																																																				
6. Name and Address of Current Registered Agent  <del>SKIPPER, J. RONALD</del> <del>1515 RINGLING BOULEVARD, STE. 1000</del> <del>SARASOTA, FL 34236</del>		7. Name and Address of New Registered Agent Name    MICHAEL R. PENDER, JR. Street Address (P.O. Box Number is Not Acceptable) 2381 FRUITVILLE ROAD City    SARASOTA    FL    Zip Code    34237																																																																																																				
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 <i>Michael R. Pender, Jr.</i>		DATE    3/18/06																																																																																																				
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State																																																																																																				
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">D FAIR, WILLIAM R III</td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>50 WEST 77TH ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NEW YORK, NY 10024</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">MGRM FAIR, MARY ANN</td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>435 L'AMBIANCE DRIVE # 806</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LONGBOAT KEY, FL 34228</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;"></td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;"></td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;"></td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;"></td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	D FAIR, WILLIAM R III	<input type="checkbox"/> Delete	STREET ADDRESS	50 WEST 77TH ST		CITY-ST-ZIP	NEW YORK, NY 10024		TITLE	MGRM FAIR, MARY ANN	<input type="checkbox"/> Delete	STREET ADDRESS	435 L'AMBIANCE DRIVE # 806		CITY-ST-ZIP	LONGBOAT KEY, FL 34228		TITLE		<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			10. 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11. 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 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: <i>Mary Ann Fair</i>		DATE: 4/20/06    383-3240																																																																																																				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #																																																																																																				