

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90032 050 ****50.00

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04202007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L00000006373 1. Entity Name ACADEMIC ASSOCIATES OF LONGBOAT, L.L.C.					
Principal Place of Business 435 L'AMBIANCE DRIVE #806 LONGBOAT KEY, FL 34230			Mailing Address 2381 FRUITVILLE ROAD SARASOTA, FL 34237		
2. Principal Place of Business - No P.O. Box # 100 W 80th St Suite, Apt. #, etc. Suite 90		3. Mailing Address 100 W. 80th St Suite, Apt. #, etc. Suite 90		4. FEI Number 65-1021997 Applied For <input type="checkbox"/> Not Applicable	
City & State NEW YORK, NY		City & State NEW YORK, NY			
Zip 10024		Zip 10024			
6. Name and Address of Current Registered Agent PENDER, JR, MICHAEL R 2381 FRUITVILLE ROAD SARASOTA, FL 34237				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FAIR, WILLIAM R III 50 WEST 77TH ST 100 W. 80th St NEW YORK, NY 10024 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 100 W. 80th St, Suite 90 NEW YORK, NY 10024	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAIR-CONA, MARY ANN 435 L'AMBIANCE DRIVE # 806 LONGBOAT KEY, FL 34228 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>William R. Fair</u> William R. Fair <u>4/22/07</u> 917-834 5767 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					