

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000011183

Entity Name: ANDOVER ACADEMY, LLC

FILED
Apr 09, 2004
Secretary of State

Current Principal Place of Business:

8501 CLEARY BLVD.
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

861 S. FIG TREE LANE
PLANTATION, FL 33317

New Mailing Address:

FEI Number: 65-1046784

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEISSLER, ROBERT I
2200 MUSEUM TOWER
150 WEST FLAGLER STREET
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MEM () Delete
Name: BARTHELETTE, RICHARD
Address: 861 S. FIG TREE LANE
City-St-Zip: PLANTATION, FL 33317

Title: MEM () Delete
Name: BARTHELETTE, CHRISTINA
Address: 861 S. FIG TREE LANE
City-St-Zip: PLANTATION, FL 33317

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BARTHELETTE, RICHARD
Address: 861 S. FIG TREE LANE
City-St-Zip: PLANTATION, FL 33317

Title: MGR (X) Change () Addition
Name: BARTHELETTE, CHRISTINA
Address: 861 S. FIG TREE LANE
City-St-Zip: PLANTATION, FL 33317

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: RICHARD A BARTHELETTE

MGR

04/09/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date