## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## FILED Jun 02, 2003 8:00 am Secretary of State

## DOCUMENT # L0100007343

1. Entity Nam	CH ACADEMY, LLC		CAENT C			00-02-2003 900	41 001 *** 200	.00
Principal Place of Business 11555 HERON BAY BLVD STE. 310 CORAL SPRINGS FL 33065		Mailing Address 11555 HERON BAY BLVD., STE. 310 CORAL SPRINGS FL 33065			44003203			
2. Principal Place of Business 3. Mailing		3. Mailing Address	ailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Num	nber <b>65-1115270</b>		oplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired			
6.: Name and Address of Current Registered Agent				7:-Name and Address of New Registered Agent				
000	PODATE ACCEDE INC		1	Vame				
CORPORATE ACCESS, INC. 236 E. 6TH AVE. TALLAHASSEE FL 32303			5	Street Address (P.O. Box Number is Not Acceptable)				
TALLAMASSEE PL 32303								!
			(	City			FL Zip Cod	e
	named entity submits this statement for ions of registered agent.	r the purpose of changing its	registered o	office or register	ed agent, or b	ooth, in the State of Florida.	I am familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTI	E: Registered Ag	ent signature required	when reinstating)		DATE	-
	<i>t</i> *	FILE NO	WIII EEI	E IS \$50.00				!
		Make Check Payabl			nt of State			1
•		. "	e By May	-				
9.	MANAGING MEMBE		10.			ADDITIONS/CHA	MICES	<u> </u>
TITLE 4	MG'	Delete	TITLE	Mó	<u> </u>	ADDITIONS/CIT	☐ Change	Addition
NAME	GILROY, ANDREW J	. Detete	NAME	1100	r. a 60	man A.	L. Change	M vocamon
STREET ADDRESS	11555 HERON BAY BLVD	•	STREET A	DDRESS (A)	0 200	Juan A. quera Stre	1-	i l
CITY-ST-ZIP	CORAL SPRINGS FL 33076		CITY-ST-	ZIP COC	al Gal	des FL 331	46	
TITLE	MGR	☐ Delete	TITLE	MG	0		☐ Change	Addition
NAME	MARQUEZ, SABINO		NAME	Fre	ttc160	rry	_ •	
STREET ADDRESS	11555 HERON BAY BLVD		STREET A	DORESS 122	38 Was	shinatan St.		
CITY-ST-ZIP	CORAL SPRINGS FL 33076		CITY-ST-	ZIP PC	nbrok	e PHRESIFL	<u>. 33025</u>	
TITLE	MGR	☐ Delete	TITLE		-	-1	Change	☐ Addition
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STREET ADDRESS CITY-ST-ZIP	11555 HERON BAY BLVD		STREET A					
	CORAL SPRINGS FL 33076 MGR	N Delete		-		₹	Change	Addition
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STREET ADDRESS	11555 HERON BAY BLVD		STREET A	DDRESS				1
CITY-ST-ZIP	CORAL SPRINGS FL 33076		CITY-ST-	ZIP				
TITLE	MORM	☐ Delete \	TITLE	<del>-</del>	<b></b>		☐ Change	Addition
NAME	Holland, Keith	79	NAME				·	
STREET ADDRESS	1717 N Bayshore Miamy PL 3313	Dr. Ro	STREET A	J				<u> </u>
CITY-ST-ZIP	Miam, PL 3313		CITY-ST-	ZIP				<u> </u>
TITLE	MOR 1	☐ Delete	TITLE				Change	Addition
NAME STREET ADDRESS	Mana Mana	Quenta XO	NAME Street a	UDBEGG				
CITY-ST-ZIP	mala, miqued 1455 Mira Victa Weston, EL 330	CIVELL '	CITY-ST-					
	<u> </u>	~ <u> </u>		_ I				1

11. I hereby certify that the information supplied with this filing does not qualify 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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE