2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# L02000006986

Entity Name: ACADEMY VILLAGE, LLC

Current Principal Place of Business:

7777 GLADES ROAD SUITE 300
C/O ACADEMY VILLAGE
BOCA RATON, FL 33434

New Principal Place of Business:

Current Mailing Address:

7777 GLADES ROAD SUITE 300
C/O ACADEMY VILLAGE
BOCA RATON, FL 33434

New Mailing Address:

FEI Number: 65-0908380 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVID J. POWERS, P.A.
7777 GLADES ROAD SUITE 300
BOCA RATON, FL 33434 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/MANAGERS:

Title:	MGRM	( ) Delete
Name:	ACADEMY PARTNERS, A, GENERAL PARTNE R SHIP	
Address:	7777 GLADES ROAD SUITE 300	
City-St-Zip:	BOCA RATON, FL 33434	
Title:	C	( ) Delete
Name:	POMERANTZ, ALICE	
Address:	8600 DECARIE BLVD SUITE 200	
City-St-Zip:	TOWN OF MOUNT ROYAL, QC H4P2N2	
Title:	P	( ) Delete
Name:	ZENTNER, MAX	
Address:	8600 DECARIE BLVD SUITE 200	
City-St-Zip:	TOWN OF MOUNT ROYAL, QC H4P2N2	
Title:	V	( ) Delete
Name:	ZENTNER, DANIEL	
Address:	8600 DECARIE BLVD SUITE 200	
City-St-Zip:	TOWN OF MOUNT ROYAL, QC H4P2N2	
Title:	VAS	( ) Delete
Name:	NORMAND, JACQUES	
Address:	8600 DECARIE BLVD SUITE 200	
City-St-Zip:	TOWN OF MOUNT ROYAL, QC H4P2N2	
Title:	T	( ) Delete
Name:	GATTINGER, FRANK	
Address:	8600 DECARIE BLVD SUITE 200	
City-St-Zip:	TOWN OF MOUNT ROYAL, QC H4P2N2	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ALICE POMERANTZ PD 04/28/2006

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