

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000041088

**FILED**  
**Mar 22, 2010**  
**Secretary of State**

**Entity Name:** ACADEMY PARTNERS, LLC

**Current Principal Place of Business:**

9853 BLUE STONE CIRCLE  
FT MYERS, FL 33913

**New Principal Place of Business:**

**Current Mailing Address:**

9853 BLUE STONE CIRCLE  
FT MYERS, FL 33913

**New Mailing Address:**

**FEI Number:** 20-1195117

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NOVATT, JEFF M ESQ.  
C/O CHEFFY, PASSIDOMO, ET AL  
821 FIFTH AVENUE SOUTH, SUITE 201  
NAPLES, FL 34102 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  
**Name:** BASIK, BRIAN  
**Address:** 9853  
**City-St-Zip:** BLUE STONE CIRCLE, FL 33913

**Title:** MGRM  
**Name:** BASIK, KEVIN  
**Address:** 1373 OLD VILLAGE RD  
**City-St-Zip:** TALLAHASSEE, FL 32312

I hereby 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:** BRIAN BASIK

MGRM

03/22/2010

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