


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000010751 1. Entity Name ACADEMY INVESTMENTS, LLC	
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Principal Place of Business 720 GOODLETTE ROAD, SUITE 305 NAPLES, FL 34102	Mailing Address 720 GOODLETTE ROAD, SUITE 305 NAPLES, FL 34102
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DO NOT WRITE IN THIS SPACE



01292007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2058732	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

BASIK, KEITH
720 GOODLETTE ROAD, SUITE 305
NAPLES, FL 34102

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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and true if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BASIK, KEITH 720 GOODLETTE ROAD, SUITE 305 NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BASIK, JEFF 720 GOODLETTE ROAD, SUITE 305 NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BASIK, LARRY 720 GOODLETTE ROAD, SUITE 305 NAPLES, FL 34102
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05/07/07-80009-025 50.00

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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:  **2-1-07 239-262-3210**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #