
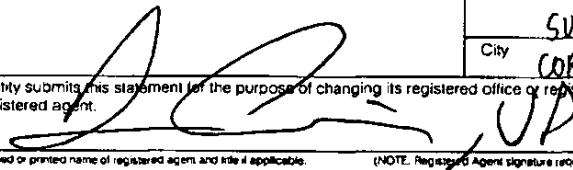
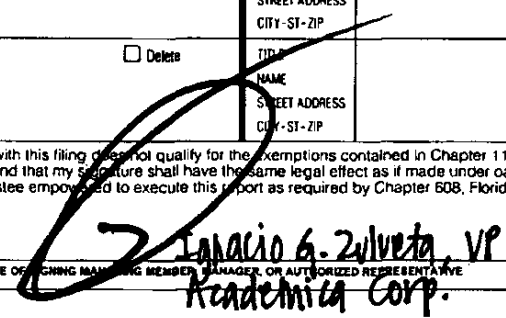


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

4. **FILED**
May 31, 2006 8:00 am
Secretary of State

04-28-2006 90010 022 ****50.00

DOCUMENT # L05000029409			
1. Entity Name ACADEMICA DADE LLC			
Principal Place of Business 6255 BIRD ROAD MIAMI, FL 33155		Mailing Address 6255 BIRD ROAD MIAMI, FL 33155	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent IGNACIO G. ZULUETA, ESQ. 6255 BIRD ROAD MIAMI, FL 33155		7. Name and Address of New Registered Agent Name ATRIUM REGISTERED AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 1500 SAN REMO AVENUE SUITE 125 City CORAL GABLES FL Zip Code 33146	
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  VP DATE 4/25/06			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ACADEMICA MANAGEMENT LLC 6255 BIRD ROAD MIAMI, FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  VP Academica Corp.		Date 4/20/06 Daytime Phone # (305) 669-2906	



04182006 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-2594169** Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

Filing Fee is \$50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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SIGNATURE:  VP **Academica Corp.** Date **4/20/06** Daytime Phone # **(305) 669-2906**