


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 16 AM 10:21

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 - No P.O. Box # <i>6361 Sunset Dr</i>		3. Mailing Address <i>6361 Sunset Dr</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Miami, FL</i>		City & State <i>Miami, FL</i>	
Zip <i>33143</i>		Zip <i>33143</i>	
Country		Country	
4. FEI Number 20-2594169		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		05192008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent ATRIUM REGISTERED AGENTS, INC 1500 SAN REMO AVE STE 125 CORAL GABLES, FL 33146		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR <input type="checkbox"/> Delete	NAME ACADEMICA MANAGEMENT LLC	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 6255 BIRD ROAD	CITY ST ZIP MIAMI, FL 33155	NAME <i>6361 Sunset Dr</i>	STREET ADDRESS <i>Miami, FL 33143</i>
CITY ST ZIP		CITY-ST-ZIP <i>Miami, FL 33143</i>	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME 100131507751	
STREET ADDRESS		STREET ADDRESS 06/15/08--01040--025 ***143.75	
CITY ST ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY-ST-ZIP	
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: <i>Mydalina Lira</i>		Date: <i>5/29/08</i> 3056692906	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			

Mbr. Sign.

JUN 16 2008