

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 JUN 16 AM 10:21



**DOCUMENT # L05000029410**

1. Entity Name  
ACADEMICA BROWARD LLC

|  |  |
|--|--|
| Principal Place of Business<br>6255 BIRD ROAD<br>MIAMI, FL 33155 | Mailing Address<br>6255 BIRD ROAD<br>MIAMI, FL 33155 |
|--|--|



|   |   |
|---|---|
| 2. Principal Place of Business - No P.O. Box #<br><i>6361 Sunset Dr</i> | 3. Mailing Address<br><i>6361 Sunset Dr</i> |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.                         |

05192008 Chg-LLC CR2E083 (12/06)

|                                  |                                  |
|----------------------------------|----------------------------------|
| City & State<br><i>Miami, FL</i> | City & State<br><i>Miami, FL</i> |
| Zip<br><i>33143</i>              | Country                          |
| Zip<br><i>33143</i>              | Country                          |

|                             |  |
|-----------------------------|--|
| 4. FEI Number<br>20-2594114 | Applied For<br><input type="checkbox"/> Not Applicable |
|-----------------------------|--|

6. Name and Address of Current Registered Agent

ATRIUM REGISTERED AGENTS, INC  
1500 SAN REMO AVE  
STE 125  
MIAMI, 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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                       |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>ACADEMICA MANAGEMENT LLC<br>6255 BIRD ROAD<br>MIAMI, FL 33155 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  |

| 10. ADDITIONS/CHANGES                              |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><i>6361 Sunset Dr<br/>Miami, FL 33143</i>        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>800131507788</b><br><b>06/19/08--01040--024 **143.75</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

**B. Tedford JUN 16 2008**

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: *Madalena Lisa* Date: 5/29/08 Daytime Phone #: 3056692906

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*Mbr. sign.*