

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000029410

**FILED**  
**Feb 15, 2011**  
**Secretary of State**

**Entity Name:** ACADEMICA BROWARD LLC

**Current Principal Place of Business:**

6361 SUNSET DR.  
MIAMI, FL 33143

**New Principal Place of Business:**

6340 SUNSET DR.  
MIAMI, FL 33143

**Current Mailing Address:**

6361 SUNSET DR.  
MIAMI, FL 33143

**New Mailing Address:**

6340 SUNSET DR.  
MIAMI, FL 33143

**FEI Number:** 20-2594114

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ATRIUM REGISTERED AGENTS, INC  
1500 SAN REMO AVE  
STE 125  
MIAMI, FL 33146 US

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

PAPA, COLLETTE ESQ.  
6340 SUNSET DRIVE  
MIAMI, FL 33143 US

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: COLLETTE PAPA

02/15/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ACADEMICA MANAGEMENT LLC  
Address: 6340 SUNSET DR.  
City-St-Zip: MIAMI, FL 33143

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: ACADEMICA MANAGEMENT LLC

MGR

02/15/2011

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