# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Mar 25, 2011**
**Secretary of State**

DOCUMENT# L10000002403

**Entity Name:** ALPHA-OMEGA COLLEGE FUNDING, LLC

**Current Principal Place of Business:**

14001 N. DALE MABRY HWY
SUITE C
TAMPA, FL 33618

**New Principal Place of Business:**

**Current Mailing Address:**

14001 N. DALE MABRY HWY
SUITE C
TAMPA, FL 33618

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

WILSON, BYRON G JR.
14001 N. DALE MABRY
SUITE A
TAMPA, FL 33618 US

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

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: _____

Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR
Name: WILSON, LORI D
Address: 14001 N. DALE MABRY HWY, STE. C
City-St-Zip: TAMPA, FL 33618

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 Statues.

SIGNATURE: LORI WILSON MGR 03/25/2011

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