

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
 99 APR -8 PM 1:01
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company DOCUMENT # M95000000317 EDUCATION CREDIT SERVICES, L.C. 5444 JEFFERSON DAVIS HWY SUITE 106 FREDERICKSBURG VA 22407	1a. Principal Place of Business Address 2300 FALL HILL AVENUE SUITE 511 FREDERICKSBURG VA 22401
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address Suite, Apt. #, etc. City & State Zip	3. Date Organized or Qualified 10/30/1995	3a. State of Formation VA
4. FEI Number 54-1686810		5. Date of Last Report 03/16/1998	
6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			

7. Name and Address of Current Registered Agent THE DYE LAW FIRM, P.A. 317 EAST CALL ST. TALLAHASSEE FL 32303 900002842289--8 -04/16/99--01077--010 ****197.50 ****197.50	8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code <p style="text-align: center; font-weight: bold; font-size: 1.2em;">FL</p>
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9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (Not a Registered Agent signature to print when it is not a sign)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	FRAZIER, CARY W	2300 FALL HILL AVE., SUITE	FREDERICKSBURG VA
MGRM	MUSSELMAN, GARY A	5444 JEFF DAVIS HWY., #106	FREDERICKSBURG VA
MGR	MAZIARZ, DAVID S	2300 FALL HILL AVE., SUITE	FREDERICKSBURG VA
MGRM	MUSSELMAN, CATHERINE C	5444 JEFF DAVIS HWY., STE.	FREDERICKSBURG VA
MGR	CHROMY, JOSEPH JR	2300 FALL HILL AVE., SUITE	FREDERICKSBURG VA
MGRM	ES. Financial Management Services, L.L.C.	2300 Fall Hill Ave. Suite 511	Fredericksburg Va 22401

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *Catherine C. Musselman*

SIGNATURE AND TITLE OF REGISTERED NAME OF SIGNER (MANAGER, MEMBER OR MEMBER)