

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000014792

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: ALUMNI FINANCIAL SERVICES, LLC

**Current Principal Place of Business:**

8805 79TH PLACE N  
SEMINOLE, FL 33777

**New Principal Place of Business:**

**Current Mailing Address:**

8805 79TH PLACE N  
SEMINOLE, FL 33777

**New Mailing Address:**

FEI Number: 04-3688790      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

RAE, WILLIAM J  
8805 79TH PLACE N  
SEMINOLE, FL 33777      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: MGRM ( ) Delete  
Name: RAE, WILLIAM J  
Address: 8809 79TH PLACE N  
City-St-Zip: SEMINOLE, FL 33777

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: RAE, WILLIAM J MGRM  
Address: 8809 79TH PLACE N  
City-St-Zip: SEMINOLE, FL 33777 US

Title: MGR ( ) Change (X) Addition  
Name: MAGGIO, IGNATIUS D  
Address: 1100 24TH AVE N  
City-St-Zip: ST PETERSBURG, FL 33704 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: WILLIAM J RAE

MGRM

04/27/2009

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