


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90042 030 ****50.00

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|---|---|
| DOCUMENT # L02000016729 |  |
| 1. Entity Name XANTHUS HIGHER EDUCATION LOAN PROGRAM, LLC | |

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|--|--|
| Principal Place of Business 735 ARKINGTON AVE. N. 204 SAINT PETERSBURG, FL 33701 | Mailing Address 735 ARKINGTON AVE. N. 204 SAINT PETERSBURG, FL 33701 |
|--|--|

24053871



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|---|---|
| 2. Principal Place of Business 9720 Executive Center Dr. N. Suite, Apt. #, etc. # 200 | 3. Mailing Address 9720 Executive Center Dr. N. Suite, Apt. #, etc. # 200 |
| City & State ST. Petersburg, FL | City & State ST. Petersburg, FL |
| Zip 33702 | Country Pinellas |

04192004 Chg-LLC CR2E083 (10/03)

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|------------------------------------|--|
| 4. FEI Number 02-0629545 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|---------------------------------------|

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|---|--|---|--|
| 6. Name and Address of Current Registered Agent JEFFRIES, DAVID M 101 EAST KENNEDY BLVD. SUITE 1030 TAMPA, FL 33602 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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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.

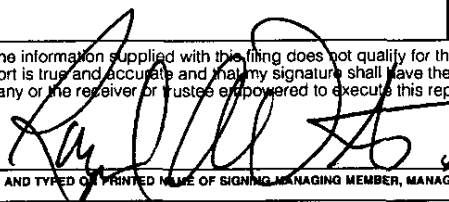
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ZACH, JAME A 1124 SEVILLE LANE NE SAINT PETERSBURG, FL 33704 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM OTTS, RAYMOND A 415 13TH AVENUE NE SAINT PETERSBURG, FL 33701 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GREEN, BRIAN R 4618 1ST STREET N #401 SAINT PETERSBURG, FL 33703 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BARLOW, TERRY 89-91 BASSINGSTOKE RD BERSHIAC, UK <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **MANAGER** **Member** **4/19/04** **727 895 8956**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #