

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000036977

**FILED**  
**Jan 11, 2007**  
**Secretary of State**

**Entity Name:** STUDENT CONSOLIDATION LOAN AGENCY LLC

**Current Principal Place of Business:**

121 IOWA AVE  
WHITEFISH, MT 59937

**New Principal Place of Business:**

121 IOWA AVE  
UNIT 45  
WHITEFISH, MT 59937

**Current Mailing Address:**

PO BOX 5197  
WHITEFISH, MT 59937

**New Mailing Address:**

PO BOX 7334-101897  
SAN FRANCISCO, CA 94120

**FEI Number:** 74-3106042

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD., SUITE 101  
TALLAHASSEE, FL 323012960 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: DOERING, JOHN  
Address: 121 IOWA AVE  
City-St-Zip: WHITEFISH, MT 59937

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: DOERING, JOHN  
Address: 515 MICHAEL GROVE, UNIT 45  
City-St-Zip: BOZEMAN, MT 59718

I hereby certify that the information supplied with this filing does not qualify for the 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:** JOHN DOERING

CEO

01/11/2007

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