

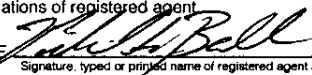



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90450 050 ****50.00

DOCUMENT # L04000000357 1. Entity Name ACADEMIC FINANCIAL SOLUTIONS, LLC					
Principal Place of Business 8610 EGRET POINT COURT TAMPA, FL 33647			Mailing Address 8610 EGRET POINT COURT TAMPA, FL 33647		
2. Principal Place of Business 5701 E. HILLSBOROUGH AVE. Suite, Apt. #, etc. 2450 City & State TAMPA, FL Zip 33610		3. Mailing Address 5701 E. HILLSBOROUGH AVE. Suite, Apt. #, etc. 2450 City & State TAMPA, FL Zip 33610			
4. FEI Number 37-1481443				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				04072004 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent BABB, MICHAEL 8610 EGRET POINT COURT TAMPA, FL 33647			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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  MICHAEL BABB, PRESIDENT 4/8/04 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 BABB, MICHAEL 8610 EGRET POINT COURT TAMPA, FL 33647	<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 BABB, HAROLD 8610 EGRET POINT COURT TAMPA, FL 33647	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  MICHAEL BABB, PRES. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			4/8/04 <small>Date</small>		813-951-3120 <small>Daytime Phone #</small>