2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2005
Secretary of State

DOCUMENT# L04000000357

Entity Name: ACADEMIC FINANCIAL SOLUTIONS, LLC

Current Principal Place of Business:

5701 E. HILLSBOROUGH AVE.
2450
TAMPA, FL 33610 US

New Principal Place of Business:

Current Mailing Address:

5701 E. HILLSBOROUGH AVE.
2450
TAMPA, FL 33610 US

New Mailing Address:

FEI Number: 37-1481443 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BABB, MICHAEL
8610 EGRET POINT COURT
TAMPA, FL 33647 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/MEMBERS:

Title: MGRM ( ) Delete
Name: BABB, MICHAEL
Address: 8610 EGRET POINT COURT
City-St-Zip: TAMPA, FL 33647

Title: MGRM ( ) Delete
Name: BABB, HAROLD
Address: 8610 EGRET POINT COURT
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL A. BABB MGRM 01/04/2005

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