

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000000357

FILED
Jan 03, 2007
Secretary of State

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
8505 GOLD FINCH CT.
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/MANAGERS:

Title: MGRM () Delete
Name: BABB, MICHAEL
Address: 8505 GOLD FINCH CT.
City-St-Zip: TAMPA, FL 33647

Title: MGRM () Delete
Name: BABB, HAROLD
Address: 8505 GOLD FINCH CT.
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 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: MICHAEL A. BABB

PRES

01/03/2007

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