

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000000357

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** ACADEMIC FINANCIAL SOLUTIONS, LLC

**Current Principal Place of Business:**

6700 LAKEVIEW CENTER DRIVE  
SUITE 125  
TAMPA, FL 33619 US

**New Principal Place of Business:**

135 SOUTH LASALLE STREET  
SUITE 3800  
CHICAGO, IL 60603 US

**Current Mailing Address:**

6700 LAKEVIEW CENTER DRIVE  
SUITE 125  
TAMPA, FL 33619 US

**New Mailing Address:**

135 SOUTH LASALLE STREET  
SUITE 3800  
CHICAGO, IL 60603 US

**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  
6700 LAKEVIEW CENTER DRIVE  
SUITE 125  
TAMPA, FL 33619 US

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

COWIE, JAMES  
135 SOUTH LASALLE STREET  
SUITE 3800  
CHICAGO, FL 60603 US

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: JAMES COWIE

04/30/2009

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

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BABB, MICHAEL  
Address: PO BOX 272640  
City-St-Zip: TAMPA, FL 33688

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

I hereby certify that the information supplied with this filing does not qualify 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 BABB

MGRM

04/30/2009

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