

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 12, 2007 08:00 A
Secretary of State

DOCUMENT # L05000090855	
1. Entity Name EDUCATION FINANCING PARTNERS, LLC	
Principal Place of Business 2772-S N.W. 43RD STREET GAINESVILLE, FL 32606	Mailing Address 2772-S N.W. 43RD STREET GAINESVILLE, FL 32606



01032007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3711440	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**HOLDEN, CHARLES I JR.
2772-S N.W. 43RD STREET
GAINESVILLE, FL 32606**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOLDEN, CHARLES I JR. 2772-S N.W. 43RD STREET GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM METTS, PAUL E 3846 N.W. 39TH AVENUE GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLS, JON 2727 N.W. 58TH BLVD. GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REED, WILLIAM P 1663 PLANTERS ROW ATLANTA, GA 30087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STURM, GLENN 999 PEACHTREE STREET, N.E., SUITE 1400 ATLANTA, GA 30309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000662383
03/21/07-80011-003 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Charles I. Holden, Jr.

CHARLES I. HOLDEN, JR.

Manager

1-3-07

352-377-5900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #