

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 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**



01092008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-3711440**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$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

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

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

U000000784586  
01/16/08-80061-006 138.75

**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.** 1/9/08 352-377-5900

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

Date

Daytime Phone #