

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000090855

**FILED**  
**Apr 01, 2010**  
**Secretary of State**

**Entity Name:** EDUCATION FINANCING PARTNERS, LLC

**Current Principal Place of Business:**

2772-S N.W. 43RD STREET  
GAINESVILLE, FL 32606

**New Principal Place of Business:**

**Current Mailing Address:**

2772-S N.W. 43RD STREET  
GAINESVILLE, FL 32606

**New Mailing Address:**

**FEI Number:** 20-3711440

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOLDEN, CHARLES I JR.  
2772-S N.W. 43RD STREET  
GAINESVILLE, FL 32606 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  
**Name:** HOLDEN, CHARLES I JR.  
**Address:** 2772-S N.W. 43RD STREET  
**City-St-Zip:** GAINESVILLE, FL 32606

**Title:** MGRM  
**Name:** METTS, PAUL E  
**Address:** 3846 N.W. 39TH AVENUE  
**City-St-Zip:** GAINESVILLE, FL 32606

**Title:** MGRM  
**Name:** MILLS, JON  
**Address:** 2727 N.W. 58TH BLVD.  
**City-St-Zip:** GAINESVILLE, FL 32606

**Title:** MGRM  
**Name:** REED, WILLIAM P  
**Address:** 1663 PLANTERS ROW  
**City-St-Zip:** ATLANTA, GA 30087

**Title:** MGRM  
**Name:** STURM, GLENN  
**Address:** 999 PEACHTREE STREET, N.E., SUITE 1400  
**City-St-Zip:** ATLANTA, GA 30309

I hereby 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:** CHARLES I. HOLDEN, JR.

MGRM

04/01/2010

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