

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000101725

**FILED**  
**May 05, 2006**  
**Secretary of State**

**Entity Name:** COLLEGE FUNDING NETWORK, LLC

**Current Principal Place of Business:**

14021 METROPOLIS AVENUE  
FORT MYERS, FL 33912 US

**New Principal Place of Business:**

**Current Mailing Address:**

14021 METROPOLIS AVENUE  
FORT MYERS, FL 33912 US

**New Mailing Address:**

**FEI Number:** 20-3707107      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

HAGEN, MICHAEL S  
6385 PRESIDENTIAL CT  
#202  
FORT MYERS, FL 33919 US

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

MYERS, JENNIFER L PARTNER  
14021 METROPOLIS AVE.  
FORT MYERS, FL 33912 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:** JENNIFER L. MYERS

05/05/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** BELLINO, JOHN J III  
**Address:** 14021 METROPOLIS AVENUE  
**City-St-Zip:** FORT MYERS, FL 33912 US

**ADDITIONS/CHANGES:**

**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:** JOHN J. BELLINO, III

MGRM

05/05/2006

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