

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000006710

FILED
Sep 05, 2007
Secretary of State

Entity Name: ACADEMIC FINANCIAL CORPORATION LLC

Current Principal Place of Business:

2655 ULMERTON ROAD
SUITE 242
CLEARWATER, FL 33762 US

New Principal Place of Business:

Current Mailing Address:

2655 ULMERTON ROAD
SUITE 242
CLEARWATER, FL 33762 US

New Mailing Address:

FEI Number: 20-4154916 **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:

Name and Address of New Registered Agent:

CUMMINS, ROBERT J
2655 ULMERTON ROAD
SUITE 242
CLEARWATER, FL 33762 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: CUMMINS, ROBERT J
Address: 2655 ULMERTON ROAD SUITE 242
City-St-Zip: CLEARWATER, FL 33762 US

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

Title: MGRM () Delete
Name: CUMMINS CAPITAL, INC.,
Address: 2655 ULMERTON ROAD SUITE 242
City-St-Zip: CLEARWATER, FL 33762 US

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

Title: MGRM (X) Delete
Name: DELMONTE, LUKE L
Address: 1703 SPLIT FORK ROAD
City-St-Zip: OLDSMAR, FL 34677 US

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

Title: MGRM () Delete
Name: CARTISANO MARKETING,, INC.
Address: 7957 43RD AVE N
City-St-Zip: ST. PETERSBURG, FL 33709 US

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

Title: MGRM () Delete
Name: WILKINSON, SUSAN
Address: 2277 RIDGE AVE.
City-St-Zip: CLERMONT, FL 34711 US

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

Title: MGRM () Delete
Name: WILKINSON, JOHN
Address: 2277 RIDGE AVE.
City-St-Zip: CLERMONT, FL 34711 US

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: ROBERT J CUMMINS

MGR

09/05/2007

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