2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2007
Secretary of State

DOCUMENT# L06000103126

Entity Name: ACADEMIC LOAN SERVICES, LLC

Current Principal Place of Business:

912 DREW STREET
101
CLEARWATER, FL 33755 US

New Principal Place of Business:

Current Mailing Address:

912 DREW STREET
101
CLEARWATER, FL 33755 US

New Mailing Address:

FEI Number: 20-5874614 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BELLMAINE, JOHN R
1515 MAPLE STREET
CLEARWATER, FL 33755 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: MGR ( ) Delete
Name: TROYER, TREVOR
Address: 2909 GULF TO BAY BLVD.
City-St-Zip: CLEARWATER, FL 33759

Title: MGR ( ) Delete
Name: BELLMAINE, JOHN R
Address: 1515 MAPLE STREET
City-St-Zip: CLEARWATER, FL 33755

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: TROYER, TREVOR A
Address: 2909 GULF TO BAY BLVD. E 101
City-St-Zip: CLEARWATER, FL 33759

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

Title: MGR ( ) Change (X) Addition
Name: GROSS, GENE E
Address: 109 PONCE DE LEON
City-St-Zip: BELLEAIR, FL 33756

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 BELLMAINE MGR 01/10/2007

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