


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90199 041 \*\*\*\*50.00

<b>DOCUMENT # M00000000449</b>	
1. Entity Name <b>COLLEGIATE FUNDING SERVICES, L.L.C.</b>	

Principal Place of Business <b>PARKWEST AT GATEWAY CENTRE 3985 GATEWAY CENTRE BLVD., #200 PINNELLAS PARK, FL 33782</b>	Mailing Address <b>10304 SPOTSYLVANIA AVENUE SUITE 100 FREDERICKSBURG, VA 22408</b>
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2. Principal Place of Business - No P.O. Box # <b>4915 Independence Parkway</b>	3. Mailing Address <b>10304 Spotsylvania Ave</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>Suite 100</b>

01052007 Chg-LLC CR2E083 (12/06)

City & State <b>Tampa FL</b>	City & State <b>Fredericksburg VA</b>
Zip <b>33634</b>	Zip <b>22408</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>54-1905639</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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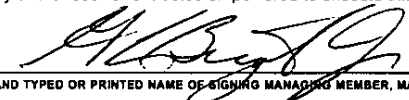
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM COLLEGIATE FUNDING SERVICES, INC. 10304 SPOTSYLVANIA AVENUE, SUITE 100 FREDERICKSBURG, VA 22408</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

<b>SIGNATURE:</b> 	<b>3/15/07</b> <b>540-374-1600 x5235</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #