


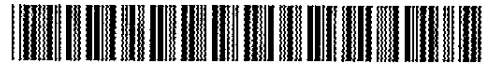
**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000020836	
1. Entity Name THE STRATEGIC COUNSEL, L.C.	

Principal Place of Business 4805 W. LAUREL ST., SUITE 230 TAMPA, FL 33607	Mailing Address 4805 W. LAUREL ST., SUITE 230 TAMPA, FL 33607
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DO NOT WRITE IN THIS SPACE



02122004No Chg-LLC CR2E083 (10/03)

4. FEI Number 22-3871836	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

RILEY, STEVEN ESQ. 4805 W. LAUREL ST., SUITE 230 TAMPA, FL 33607
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

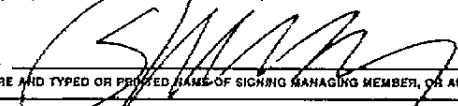
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RILEY, STEVEN P 4805 W. LAUREL ST, STE 230 TAMPA, FL 33607
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04/05/04-80079-007 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE:  **March 2004** 83-28-1700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Gaylene Phone #