

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L00000005422

1. Entity Name
A COUNSELING EXPERIENCE, L.L.C.



Principal Place of Business
2481 9TH AVE N.
ST PETERSBURG, FL 33713

Mailing Address
2481 9TH AVE N.
ST PETERSBURG, FL 33713

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KOSCHO, RAYMOND A LCSW
2481 9TH AVE N.
ST PETERSBURG, FL 33713

05102006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3644758	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00.
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	KOSCHO, RAYMOND A
STREET ADDRESS	2481 9TH AVENUE NORTH
CITY-ST-ZIP	ST PETERSBURG, FL 33713

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

5/8/06 727/321-7915
Daytime Phone #