2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 90060 028 ****50.00

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1. Entity Name
COUNSELOR'S CAPITAL FINANCIAL SERVICES, L.L.C.

Principal Place of Business	Mailing Address
4912 CREEKSIDE DRIVE, TURTLE CREEK CLEARWATER, FL 33760	4912 CREEKSIDE DRIVE, TURTLE CREEK CLEARWATER, FL 33760

DO NOT WRITE IN THIS SPACE

03172004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
71-0949961
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GOVONI, LEO J
4912 CREEKSIDE DRIVE, TURTLE CREEK
CLEARWATER, FL 33760

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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

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BERG, REBECCA L
STREET ADDRESS	4811 BEACH BOULEVARD, STE 200
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	MGRM
NAME	SOLKOFF, SCOTT
STREET ADDRESS	1901 SOUTH CONGRESS AVENUE, STE 350
CITY-ST-ZIP	BOYNTON BEACH, FL 334266551
TITLE	MGRM
NAME	WALDOCH, LAUCHLIN T
STREET ADDRESS	1024 EAST PARK AVENUE
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	MGRM
NAME	GOVONI, LEO J
STREET ADDRESS	4912 CREEKSIDE DRIVE, TURTLE CREEK
CITY-ST-ZIP	CLEARWATER, FL 33760
TITLE	MGRM
NAME	STAUNTON, JOHN
STREET ADDRESS	3000 GULF TO BAY BOULEVARD, STE 102
CITY-ST-ZIP	CLEARWATER, FL 33759
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: (Leo J. Govoni) 4/23/04 727-894-6520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #