

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000010103

FILED  
Apr 26, 2006  
Secretary of State

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

**Current Principal Place of Business:**

4912 CREEKSIDE DRIVE, TURTLE CREEK  
CLEARWATER, FL 33760

**New Principal Place of Business:**

**Current Mailing Address:**

4912 CREEKSIDE DRIVE, TURTLE CREEK  
CLEARWATER, FL 33760

**New Mailing Address:**

FEI Number: 71-0949961

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GOVONI, LEO J  
4912 CREEKSIDE DRIVE, TURTLE CREEK  
CLEARWATER, FL 33760 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: MGRM ( ) Delete  
Name: BERG, REBECCA L  
Address: 4811 BEACH BOULEVARD, STE 200  
City-St-Zip: JACKSONVILLE, FL 32207

Title: MGRM (X) Delete  
Name: SOLKOFF, SCOTT  
Address: 1901 SOUTH CONGRESS AVENUE, STE 350  
City-St-Zip: BOYNTON BEACH, FL 334266551

Title: MGRM ( ) Delete  
Name: WALDOCH, LAUCLIN T  
Address: 1024 EAST PARK AVENUE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: MGRM ( ) Delete  
Name: GOVONI, LEO J  
Address: 4912 CREEKSIDE DRIVE, TURTLE CREEK  
City-St-Zip: CLEARWATER, FL 33760

Title: MGRM ( ) Delete  
Name: STAUNTON, JOHN  
Address: 3000 GULF TO BAY BOULEVARD, STE 102  
City-St-Zip: CLEARWATER, FL 33759

**ADDITIONS/CHANGES:**

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

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

Title: MGRM (X) Change ( ) Addition  
Name: WALDOCH, LAUCLIN T  
Address: 1709 HERMITAGE BLVD, STE 200  
City-St-Zip: TALLAHASSEE, FL 32308

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

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

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: LEO J. GOVONI

P

04/26/2006

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