

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000010103

FILED
Mar 23, 2009
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 () Delete
Name: WALDOCH, LAUHLIN T
Address: 1709 HERMITAGE BLVD, STE 200
City-St-Zip: TALLAHASSEE, FL 32308

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: () 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 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

MGRM

03/23/2009

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