2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L02000020836

1. Entity Name
THE STRATEGIC COUNSEL, L.C.

Principal Place of Business	Mailing Address
4805 W. LAUREL ST., SUITE 230	4805 W. LAUREL ST., SUITE 230
TAMPA, FL 33607	TAMPA, FL 33607

DO NOT WRITE IN THIS SPACE

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

02122004No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
22-3871836	Not Applicable

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

6. Name and Address of Current Registered Agent

RILEY, STEVEN ESQ.
4805 W. LAUREL ST., SUITE 230
TAMPA, FL 33607

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
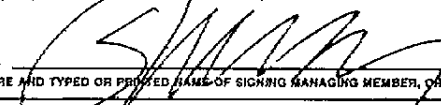
Filing Fee is $50.00
Due by May 1, 2004

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	RILEY, STEVEN P
STREET ADDRESS	4805 W. LAUREL ST, STE 230
CITY-ST-ZIP	TAMPA, FL 33607

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000103997
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: _____

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

March 9 04   813-28-1700