

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000051831

Entity Name: PRIVATE COUNSEL, L.L.C.

FILED  
Feb 17, 2005  
Secretary of State

## Current Principal Place of Business:

1415 EAST ROBINSON STREET  
SUITE A  
ORLANDO, FL 32802

## New Principal Place of Business:

207 EAST HILLCREST STREET  
ORLANDO, FL 32801

## Current Mailing Address:

239 PAP FINN COURT  
ORLANDO, FL 32828

## New Mailing Address:

207 EAST HILLCREST STREET  
ORLANDO, FL 32801

FEI Number: 43-2036766

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DOUCTRE, SHON J  
1415 EAST ROBINSON STREET  
SUITE A  
ORLANDO, FL 32802 US

## Name and Address of New Registered Agent:

DOUCTRE, SHON J  
207 EAST HILLCREST STREET  
ORLANDO, FL 32801 US

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: SHON J DOUCTRE

02/17/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: DOUCTRE, SHON J  
Address: 1415 EAST ROBINSON STREET, SUITE A  
City-St-Zip: ORLANDO, FL 32802

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: DOUCTRE, SHON J  
Address: 207 EAST HILLCREST STREET  
City-St-Zip: ORLANDO, FL 32801

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SHON J DOUCTRE

MGRM

02/17/2005

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