

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000051831

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

**FILED**  
**Apr 24, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

207 EAST HILLCREST STREET  
ORLANDO, FL 32801

**New Principal Place of Business:**

733 WEST COLONIAL DRIVE  
ORLANDO, FL 32804

**Current Mailing Address:**

207 EAST HILLCREST STREET  
ORLANDO, FL 32801

**New Mailing Address:**

733 WEST COLONIAL DRIVE  
ORLANDO, FL 32804

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  
207 EAST HILLCREST STREET  
ORLANDO, FL 32801 US

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

DOUCTRE, SHON J  
733 WEST COLONIAL DRIVE  
ORLANDO, FL 32804 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 DOUCTRE

04/24/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: DOUCTRE, SHON J  
Address: 733 WEST COLONIAL DRIVE  
City-St-Zip: ORLANDO, FL 32804

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: SHON DOUCTRE

MGRM

04/24/2007

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