2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 31, 2007
Secretary of State

DOCUMENT# L04000061827

Entity Name: CREDIT COUNSELORS USA, LLC

Current Principal Place of Business:

1355 N STATE RD 7
B
LAUDERHILL, FL 33313

New Principal Place of Business:

2950 W CYPRESS CREEK RD
308
FT LAUDERDALE, FL 33309

Current Mailing Address:

1355 N STATE RD 7
B
BOCA RATON, FL 33313

New Mailing Address:

PO BOX 1173
DEERFIELD BEACH, FL 33443 US

FEI Number: 20-0814976 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

STEVEN, HOFFMAN H
1355 N STATE RD 7
B
LAUDERHILL, FL 33313 US

Name and Address of New Registered Agent:

MITCHELL, LIPFIELD A MGRM
2950 W CYPRESS CREEK RD
308
FT LAUDERDALE, FL 33309 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: MITCHELL LIPFIELD 08/31/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HOFFMAN, STEVEN H
Address: 1355 N STATE RD 7 #B
City-St-Zip: LAUDERHILL, FL 33313

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: LIPFIELD, MITCHELL A MGRM
Address: 2950 W CYPRESS CREEK RD
City-St-Zip: FT LAUDERDALE, FL 33309

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: MITCHELL LIPFIELD MGRM 08/31/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date