2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State
04-24-2007 90119 023 ****50.00

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1. Entity Name
PIERPONT FUNDRAISING COUNSEL, LLC

Principal Place of Business
25150 GOLDCREST DRIVE #723
BONITA SPRINGS, FL 34134

Mailing Address
C/O DAVID A. HOLMES, ESQ
99 NESBIT STREET
PUNTA GORDA, FL 33950

02222007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
c/o Guy S. Emerich
Suite, Apt. #, etc.
99 Nesbit Street
City & State
Punta Gorda, FL 33950
Zip | Country

4. FEI Number
20-2256899
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
HOLMES, DAVID A
99 NESBIT STREET
PUNTA GORDA, FL 33950

7. Name and Address of New Registered Agent
Name: Guy S. Emerich
Street Address (P.O. Box Number is Not Acceptable): 99 Nesbit Street
City: Punta Gorda FL Zip Code: 33950

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, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE	MGR	☐ Delete
NAME	PIERPONT, ROBERT	
STREET ADDRESS	25150 GOLDCREST DRIVE #723	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	

10. CHANGE ADDITIONS / CHANGES

TITLE		☒ Change ☐ Addition
NAME	PIERPOINT TO PIERPONT	
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Robert Pierpont 16 APRIL 2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #