

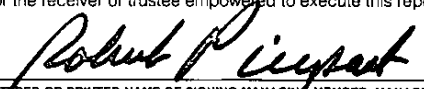


**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

1. The first step in the process is to identify the problem. This involves gathering information about the situation and understanding the needs of the stakeholders involved.

<b>DOCUMENT # L05000001459</b>				04-24-2007 90119 023 ****50.00	
1. Entity Name <b>PIERPONT FUNDRAISING COUNSEL, LLC</b>					
Principal Place of Business <b>25150 GOLDCREST DRIVE #723 BONITA SPRINGS, FL 34134</b>		Mailing Address <b>C/O DAVID A. HOLMES, ESQ 99 NESBIT STREET PUNTA GORDA, FL 33950</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>c/o Guy S. Emerich</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>99 Nesbit Street</b>		02222007 Chg-LLC CR2E083 (12/06)	
City & State		City & State <b>Punta Gorda, FL 33950</b>		4. FEI Number <b>20-2256899</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>HOLMES, DAVID A 99 NESBIT STREET PUNTA GORDA, FL 33950</b>		7. Name and Address of New Registered Agent Name <b>Guy S. Emerich</b> Street Address (P.O. Box Number is Not Acceptable) <b>99 Nesbit Street</b> City <b>Punta Gorda</b> FL <b>33950</b>			
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 _____ (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			10. CHANGE ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR PIERPONT, ROBERT 25150 GOLDCREST DRIVE #723 BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP PIERPONT TO PIERPONT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:  16 APRIL 2007					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					