

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000032836

FILED  
Jan 17, 2009  
Secretary of State

**Entity Name:** CHRISTIAN DEBT CONSOLIDATORS, LLC

**Current Principal Place of Business:**

201 SE 15TH TERRACE  
SUITE 206  
DEERFIELD BEACH, FL 33441 US

**New Principal Place of Business:**

**Current Mailing Address:**

201 SE 15TH TERRACE  
SUITE 206  
DEERFIELD BEACH, FL 33441 US

**New Mailing Address:**

**FEI Number:** 52-2422112

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCCONNELL, CHARLES  
516 NW 54TH ST  
BOCA RATON, FL 33487 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: UPBIN, DANIEL  
Address: 5135 DEERHURST CRESCENT CIRCLE  
City-St-Zip: BOCA RATON, FL 33486 US

Title: MGRM ( ) Delete  
Name: MCCONNELL, CHARLES II  
Address: 516 NW 54TH ST  
City-St-Zip: BOCA RATON, FL 33487 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DANIEL UPBIN

MM

01/17/2009

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