

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000078287

1. Entity Name
PHILLIP ROY FINANCIAL CONSULTANTS LLC



Principal Place of Business

28463 U.S. HIGHWAY 19 NORTH
SUITE 102
CLEARWATER, FL 33761

Mailing Address

28463 U.S. HIGHWAY 19 NORTH
SUITE 102
CLEARWATER, FL 33761

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

01052007 Chg-LLC CR2E083 (12/06)

4. FEI Number	20-5425789	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TALDONE, NICHOLAS J
2536 COUNTRYSIDE BOULEVARD
CLEARWATER, FL 33763

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 renaming)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME WASSERMAN, PHILLIP
STREET ADDRESS 28463 US 19 NORTH
CITY-ST-ZIP CLEARWATER, FL 33763

Delete

Change

Addition

28463 US 19 N, STE. 102

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change

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: *Philip R Wasserman (Philip R Wasserman)* 1/11/07 (727)669-7711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date: *1/11/07* Daytime Phone #: *(727)669-7711*