



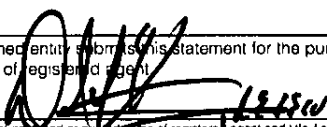
# 2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L06000115625		
1. Entity Name THE CONSUMER LAW CENTER LLC		

Principal Place of Business 210 N. UNIVERSITY DRIVE 900 CORAL SPRINGS, FL 33071 US	Mailing Address 210 N. UNIVERSITY DRIVE 900 CORAL SPRINGS, FL 33071 US
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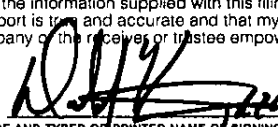
2. Principal Place of Business - No P.O. Box # 6600 NW 16th Street Suite 11 City & State Plantation, FL Zip 33313 Country	3. Mailing Address 6600 NW 16th Street Suite 11 City & State Plantation, FL Zip 33313 Country
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FILED  
08 DEC 22 AM 8:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
  
12182008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent CHERRY, EDWARD 210 N. UNIVERSITY DRIVE 900 CORAL SPRINGS, FL 33071		7. Name and Address of New Registered Agent Name Daniel J. Stermer Street Address (P.O. Box Number is Not Acceptable) 6600 NW 16th Street Suite 11 City Plantation FL Zip Code 33313	
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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
Amended AR is \$50.00		Make check payable to Florida Department of State	

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THE CONSUMER LAW CENTER PARTNERS 210 NORTH UNIVERSITY DRIVE CORAL SPRINGS, FL 33071 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Receiver Daniel J. Stermer 6600 NW 16th Street Suite 11 Plantation, FL 33313 <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100139210191 12/23/08--01001--001 **372.50 <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:  DATE \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE