


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 17, 2007 8:00 am**  
**Secretary of State**

01-17-2007 90008 045 \*\*\*\*50.00

<b>DOCUMENT # M04000003424</b>	
1. Entity Name PHILLIP ROY FINANCIAL SERVICES, LLC	

Principal Place of Business 28463 US HIGHWAY 19 NORTH SUITE 102 CLEARWATER, FL 33761	Mailing Address 28463 US HIGHWAY 19 NORTH SUITE 102 CLEARWATER, FL 33761
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**DO NOT WRITE IN THIS SPACE**



01052007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 02-0575182	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  INTRASTATE REGISTERED AGENT CORPORATION 200 S. ORANGE AVE. SUITE 2600 ORLANDO, FL 32801
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**DO NOT WRITE IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$50.00**  
**Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WASSERMAN, PHILLIP R 28463 US HWY 19 N STE 102 CLEARWATER, FL 33761
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**DO NOT WRITE IN THIS SPACE**

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.

<b>SIGNATURE:</b> <i>Phillip R Wasserman</i> (PHILLIP R. WASSERMAN) 1/11/07 (727) 669-7211	Date	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		