## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M07000001070

Entity Name: WEALTH COUNSELLORS OF FIFTH AVENUE, LLC

FILED Apr 02, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

TWO ATLANTIC AVE TWO ATLANTIC AVENUE BOSTON, MA 02110 BOSTON, MA 02110

**Current Mailing Address: New Mailing Address:** 

TWO ATLANTIC AVENUE TWO ATLANTIC AVE BOSTON, MA 02110 BOSTON, MA 02110

FEI Number: 20-5964162 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

JOHNSON, F EDWARD JOHNSON, F EDWARD 821 5TH AVE SOUTH 821 5TH AVE SOUTH NAPLES, FL 34102 SUITE 201 NAPLES, FL 34102 US

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.

ADDITIONS/CHANGES:

SIGNATURE: 04/02/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

MGRM Title: () Delete

(X) Change ( ) Addition HAMILTON, KIRBY A HAMILTON, KIRBY A Name: Name: Address: TWO ATLANTIC AVE Address: TWO ATLANTIC AVE City-St-Zip: BOSTON, MA 02110 City-St-Zip: BOSTON, MA 02110

Title: MGRM ( ) Delete Title: MGR (X) Change ( ) Addition Name: SADLER, SHEPHEN T Name: SADLER, STEPHEN T Address: TWO ATLANTIC AVE Address: TWO ATLANTIC AVE City-St-Zip: BOSTON, MA 02110 City-St-Zip: BOSTON, MA 02110

Title: MGRM () Delete Title: MGR (X) Change ( ) Addition NATHANSON, MICHAEL J NATHANSON, MICHAEL J Name: Name:

TWO ATLANTIC AVE Address: Address: TWO ATLANTIC AVE City-St-Zip: BOSTON, MA 02110 City-St-Zip: BOSTON, MA 02110

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: MICHAEL J. NATHANSON 04/02/2008