

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000005318

**FILED**  
**Jan 11, 2008**  
**Secretary of State**

**Entity Name:** US CREDIT COUNSELORS, LLC

**Current Principal Place of Business:**

300 S. POINTE DRIVE #406  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

300 S. POINTE DRIVE  
406  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

PO BOX 402993  
MIAMI BEACH, FL 33140

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired (X)**

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

KRONAWETLEITNER, PETER  
300 S. POINTE DRIVE #406  
MIAMI BEACH, FL 33139    US

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

KRONAWETLEITNER, PETER  
300 S. POINTE DRIVE  
406  
MIAMI BEACH, FL 33139    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.

SIGNATURE: PETER KRONAWETLEITNER

01/11/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:                      RA                      ( ) Change (X) Addition  
Name:                      KRONAWETLEITN, PETER  
Address:                      P O BOX 402993  
City-St-Zip:                      MIAMI BEACH, FL 33140

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: PETER KRONAWETLEITNER

RA

01/11/2008

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