

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000003239

FILED  
Mar 02, 2009  
Secretary of State

Entity Name: CONSUMER FINANCIAL ADVISORY BOARD, LLC

## Current Principal Place of Business:

1247 PLAYMOOR DRIVE  
PALM HARBOR, FL 34683

## New Principal Place of Business:

18401 US HIGHWAY 19 NORTH  
100  
CLEARWATER, FL 33764

## Current Mailing Address:

1247 PLAYMOOR DRIVE  
PALM HARBOR, FL 34683

## New Mailing Address:

18401 US HIGHWAY 19 NORTH  
100  
CLEARWATER, FL 33764

FEI Number: 26-2346412

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BLAIR, WILLARD A  
101 E. KENNEDY BLVD., STE 2800  
TAMPA, FL 33602 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: TONKEL, JEFFREY B  
Address: 1247 PLAYMOOR DRIVE  
City-St-Zip: PALM HARBOR, FL 34683

Title: MGR (X) Delete  
Name: MITCHELL, BRYAN J  
Address: 28 PRIMROSE ST.  
City-St-Zip: CHEVY CHASE, MD 20815

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: MITCHELL, BRYAN J  
Address: 18401 US HIGHWAY 19 NORTH, STE 100  
City-St-Zip: CLEARWATER, FL 33764

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JT

MGR

03/02/2009

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