

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000012897

1. Entity Name
ZIRLIN & ROUNSAVILLE PROPERTY TAX ADVISORS, PL



Principal Place of Business
**15715 S DIXIE HWY, # 415 B
MAILBOX 417
MIAMI, FL 33157**

Mailing Address
**8950 SW 197 ST
MIAMI, FL 33157**



03282006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1124374

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DAVID ROYCE ROUNSAVILLE
15715 S DIXIE HWY
415 B
MIAMI, FL 33157**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity admits 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/28/06
DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**000000493238
04/19/06-80097-013 55.00**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ROUNSAVILLE, DAVID R
8950 SW 197 ST
MIAMI, FL 33157**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ZIRLIN, ALAN
8950 SW 197 ST.
MIAMI, FL 33157**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/28/06 305 256 2719
Date Daytime Phone #