


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT # L03000041695  
 1. Entity Name  
 TAXMAX, L.L.C.



Principal Place of Business  
 4289 ST. ANDREWS ST.  
 MARIANNA, FL 32446

Mailing Address  
 P.O. BOX 6183  
 TALLAHASSEE, FL 32314-6183

*BK*

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

EDWARDS, GERALD D  
 2834 BOATNER ST.  
 TALLAHASSEE, FL 32310

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

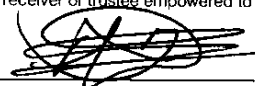
Filing Fee is \$50.00  
 Due by September 7, 2005

| 9. MANAGING MEMBERS/MANAGERS                   |                                                                        |
|------------------------------------------------|------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>EDWARDS, GERALD D<br>2834 BOATNER ST<br>TALLAHASSEE, FL 32310  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>AUDU, JONATHAN<br>5639 CYPRESS CIRCLE<br>TALLAHASSEE, FL 32303 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                        |

DO NOT WRITE IN THIS SPACE

000059460900  
 09/08/05--01055--016 \*\*50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  *9/6/05* *850/555-0024*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

FILED

05 SEP -6 AM 8:04

SECRETARY OF STATE  
 TALLAHASSEE, FL



05312005No Chg-LLC CR2E083 (10/03)

|                                                           |                                |
|-----------------------------------------------------------|--------------------------------|
| 4. FEI Number<br>11-3707059                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |