2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 10, 2007 8:00 am Secretary of State **DOCUMENT # L05000112728** 04-10-2007 90080 025 ****55.00 JJ TAX ACCOUNTING, LLC Principal Place of Business Mailing Address 18134 SANDY POINTE DR 18134 SANDY POINTE DR 60034046 **TAMPA, FL 33647 TAMPA, FL 33647** 01032007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 51-0561000 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GERMINO, EMIDIO J DO NOT WRITE 18134 SANDY POINTE DR **TAMPA, FL 33647** IN THIS SPACE 8. The above named entity submits this statement for the purpose 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. caus SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 9. MANAGING MEMBERS/MANAGERS MGR TITLE GERMINO, EMIDIO JULIETA . P. NAME 18134 SANDY POINTE DR STREET ADDRESS CITY-ST-7IP **TAMPA, FL 33647** TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE N THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TILLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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. Carr SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED