


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 27, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # M03000001949  
 1. Entity Name  
 NEWTEK TAX SERVICES, LLC



Principal Place of Business 2500 N. MILITARY TRAIL 450 BOCA RATON, FL 33431	Mailing Address 2500 N. MILITARY TRAIL 450 BOCA RATON, FL 33431
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**DO NOT WRITE IN THIS SPACE**



02082007No Chg-LLC CR2E083 (11/05)

4. FEI Number 16-1655873	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
 CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

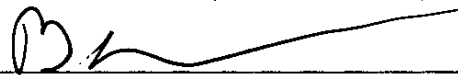
**Filing Fee is \$50.00  
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAYE, MARTIN 2500 N. MILITARY TRAIL, STE. 450 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZINK, GREGORY 2500 N. MILITARY TRAIL BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SLOANE, BARRY 462 SEVENTH AVENUE, 14TH FLOOR NEW YORK, NY 10018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000680784  
 04/04/07-80015-004 50.00

**DO NOT WRITE 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:  DATE: 3/27/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #