

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000007478

Entity Name: TAX CERTIFICATES, LLC

FILED  
Jan 31, 2006  
Secretary of State

**Current Principal Place of Business:**

588 N.E. 58 STREETR DRIVE, APT 2403  
MIAMI, FL 33137

**New Principal Place of Business:**

588 N.E. 58 STREET  
MIAMI, FL 33137

**Current Mailing Address:**

588 N.E. 58 STREETR DRIVE, APT 2403  
MIAMI, FL 33137

**New Mailing Address:**

588 N.E. 58 STREET  
MIAMI, FL 33137

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHERMAN, THOMAS G  
218 ALMERIA AVENUE  
CORAL GABLES, FL 33134 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: MGRM ( ) Delete  
Name: SCHUSTER, NEIL  
Address: 588 NE 58 STREET  
City-St-Zip: MIAMI, FL 33137

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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: NEIL S. SCHUSTER

MGR

01/31/2006

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