

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000003167

1. Entity Name
TRANSAM TAX CERTIFICATE, L.L.C.



Principal Place of Business

1101 NORTH LAKE DESTINY ROAD, SUITE 225
MAITLAND, FL 32751

Mailing Address

1101 NORTH LAKE DESTINY ROAD, SUITE 225
MAITLAND, FL 32751



01132004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3633040

Applied For
Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

NOGA, GEORGE K
1101 NORTH LAKE DESTINY ROAD, SUITE 225
MAITLAND, FL 32751

**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

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, 2004**

U000000103427
04/05/04-80056-002 155.00

9. MANAGING MEMBERS/MANAGERS

TITLE P
NAME NOGA, GEORGE K
STREET ADDRESS 1101 N LAKE DESTINY ROAD, SUITE 225
CITY - ST - ZIP MAITLAND, FL 32751

TITLE V
NAME GALE, DOUGLAS Q
STREET ADDRESS 1101 N LAKE DESTINY ROAD, SUITE 225
CITY - ST - ZIP MAITLAND, FL 32751

TITLE V
NAME SAPP, BRENDA K
STREET ADDRESS 1101 N LAKE DESTINY ROAD, SUITE 225
CITY - ST - ZIP MAITLAND, FL 32751

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 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:

Brenda K Sapp

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

Brenda K Sapp

3/30/04

Date

407-875-0075

Daytime Phone #