2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000003167

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

Principal Place of Business	Mailing Address
1101 NORTH LAKE DESTINY ROAD, SUITE 225 MAITLAND, FL 32751	1101 NORTH LAKE DESTINY ROAD, SUITE 225 MAITLAND, FL 32751

DO NOT WRITE IN THIS SPACE

01102006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
59-3633040	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

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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, 2006

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 DELETE
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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   3/20/06   407-875-0075

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