
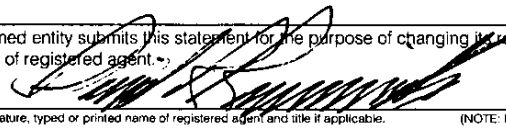
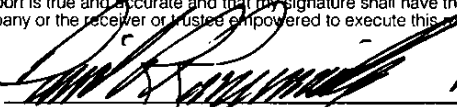


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90158 001 \*\*\*287.50

|  |                      |  |  |   |         |
|--|----------------------|--|--|---|---------|
| <b>DOCUMENT # L01000012897</b>   |                      |  |  |  |         |
| 1. Entity Name<br>ZIRLIN & ROUNSAVILLE PROPERTY TAX ADVISORS, PL   |                      |  |  |   |         |
| Principal Place of Business<br>15715 S DIXIE HWY, # 211<br>MIAMI, FL 33157   |                      |  | Mailing Address<br>8950 SW 197 ST<br>MIAMI, FL 33157   |   |         |
| 2. Principal Place of Business - No P.O. Box #   |                      | 3. Mailing Address<br>15715 S. Dixie Hwy #<br>#211 |  |   |         |
| Suite, Apt. #, etc.  |                      | City & State<br>Miami FL                           |  |   |         |
| City & State   | Zip                  | Country  | City & State   | Zip   | Country |
|  |                      |  |  | 33157   | USA     |
| 6. Name and Address of Current Registered Agent<br>DAVID ROYCE ROUNSAVILLE<br>15715 S. DIXIE HWY<br># 211<br>MIAMI, FL 33157   |                      |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |   |         |
| 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: 3/21/08  |   |         |
| Signature, typed or printed name of registered agent and title if applicable.  |                      |  | (NOTE: Registered Agent signature required when reinstating)   |   |         |
| FILE NOW!!! FEE IS \$138.75<br>After May 1, 2008 Fee will be \$538.75  |                      |  | Make check payable to<br>Florida Department of State   |   |         |
| 9. MANAGING MEMBERS / MANAGERS   |                      |  | 10. ADDITIONS / CHANGES  |   |         |
| TITLE  | MGRM                 | <input type="checkbox"/> Delete                    | TITLE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |         |
| NAME   | ROUNSAVILLE, DAVID R |  | NAME   |   |         |
| STREET ADDRESS   | 8950 SW 197 ST       |  | STREET ADDRESS   | 15715 S. Dixie Hwy #211   |         |
| CITY-ST-ZIP  | MIAMI, FL 33157      |  | CITY-ST-ZIP  | Miami FL 33157  |         |
| TITLE  | MGRM                 | <input type="checkbox"/> Delete                    | TITLE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |         |
| NAME   | ZIRLIN, ALAN         |  | NAME   |   |         |
| STREET ADDRESS   | 8950 SW 197 ST.      |  | STREET ADDRESS   | 15715 S. Dixie Hwy #211   |         |
| CITY-ST-ZIP  | MIAMI, FL 33157      |  | CITY-ST-ZIP  | Miami FL 33157  |         |
| TITLE  |                      | <input type="checkbox"/> Delete                    | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |         |
| NAME   |                      |  | NAME   |   |         |
| STREET ADDRESS   |                      |  | STREET ADDRESS   |   |         |
| CITY-ST-ZIP  |                      |  | CITY-ST-ZIP  |   |         |
| TITLE  |                      | <input type="checkbox"/> Delete                    | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |         |
| NAME   |                      |  | NAME   |   |         |
| STREET ADDRESS   |                      |  | STREET ADDRESS   |   |         |
| CITY-ST-ZIP  |                      |  | CITY-ST-ZIP  |   |         |
| TITLE  |                      | <input type="checkbox"/> Delete                    | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |         |
| NAME   |                      |  | NAME   |   |         |
| STREET ADDRESS   |                      |  | STREET ADDRESS   |   |         |
| CITY-ST-ZIP  |                      |  | 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. |                      |  |  |   |         |
| SIGNATURE:    |                      |  | DATE: 3/21/08 305 256 2749   |   |         |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |                      |  | Daytime Phone #  |   |         |

30002902



03232008 Chg-LLC CR2E083 (12/06)

4. FEI Number 65-1124374 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required