


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000005448
 1. Entity Name
 TAX & ACCOUNTING SOLUTIONS, L.L.C.



Principal Place of Business Mailing Address
 15881 SHAMROCK DR 15881 SHAMROCK DR
 FT MYERS, FL 33912 FT MYERS, FL 33912

DO NOT WRITE IN THIS SPACE



02132005No Chg-LLC CR2E083 (10/03)

4. FEI Number 02-0564781	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 STROEMER, WENDI D
 15881 SHAMROCK DR
 FT MYERS, FL 33912

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TUSCAN, BECKY J 21131 CAPTAIN NELSON CT ALVA, FL 33920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STROEMER, WENDI D 15881 SHAMROCK DR FT MYERS, FL 33912
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Wendi Steemer 2/17/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #