


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 28, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000018598
 1. Entity Name
 THE TAX DOCTOR, LLC



Principal Place of Business Mailing Address
 2351 N.W. 196TH STREET 2351 N.W. 196TH STREET
 MIAMI, FL 33056 MIAMI, FL 33056

DO NOT WRITE IN THIS SPACE



03042003No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1059141	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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8. Name and Address of Current Registered Agent
 GAY, ARVIE N
 2351 N.W. 196TH STREET
 MIAMI, FL 33056

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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 on a separate sheet of paper, or on the front side if applicable. (NOTE: For electronic filing, signature requires a separate form.)


Filing Fee is \$50.00
Due by September 8, 2004

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GAY, ARVIE N MGR 2351 NW 196 ST MIAMI, FL 33056
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GAY, JOHN L MGR 2351 NW 196 ST MIAMI, FL 33056
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 05/28/04-80001-001 55.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1807(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:  5/24/04 305-623-2083
SIGNATURE AND TYPED PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE