


**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
-----------------------------	-------------------------------

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required
----------------------------------	--

8. Name and Address of Current Registered Agent  
 GAY, ARVIE N  
 2351 N.W. 196TH STREET  
 MIAMI, FL 33056

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed on a separate sheet of paper, or on the front side if applicable. (NOTE: For electronic filing, signature requires a flatbed scanner.)

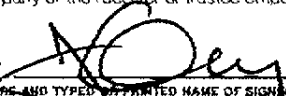
**Filing Fee is \$50.00**  
**Due by September 8, 2004**

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
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	

000000181703  
 05/28/04-80001-001 55.00

**DO NOT WRITE IN THIS SPACE**

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 APPROPRIATE NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date of Filing