2004 LIMITED LIABILITY COMPANY

## ANNUAL REPORT **FILED** Mar 02, 2004 08:00 AM Secretary of State **DOCUMENT # L02000032461** BJ RANE TAX, LLC Principal Place of Business Mailing Address 14290 FLORA LANE 14290 FLORA LANE WELLINGTON, FL 33414 WELLINGTON, FL 33414 01142004 No Chg-LLC CR2E083 (10/03) Applied For 4. FEI Number 74-3071624 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK INC. 941 FOURTH STREET MIAMI BEACH, FL 33139 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 Signeture, typed or printed name of registered agent and title if applicable. Filing Fee is \$50.00 Due by May 1, 2004 U00000073635 03/02/04-80044-009 50.00 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE RANE, BLAKE K NAME 14290 FLORA LANE STREET ADDRESS CITY-ST-ZIP WELLINGTON, FL 33414 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE