

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000033950

FILED
May 12, 2005
Secretary of State

Entity Name: BEST TAX CENTER 14TH STREET, LLC

Current Principal Place of Business:

C/O GENERIC INSURANCE AGENCIES OF N CENTRA
330 N.E. 39TH AVENUE, SUITE B
GAINESVILLE, FL 32609

New Principal Place of Business:

Current Mailing Address:

C/O GENERIC INSURANCE AGENCIES OF N CENTRA
330 N.E. 39TH AVENUE, SUITE B
GAINESVILLE, FL 32609

New Mailing Address:

FEI Number: 65-1041409 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HASNER, MARK M ESQ
C/O THERREL BAISDEN, P.A.
ONE S.E. 3RD AVENUE, SUITE 2400
MIAMI, FL 33131 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: RUBIERA, NIRIO J MGR
Address: 1670 SE PORT ST LUCIE BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34952

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: NIRIO J. RUBIERA

MGR

05/12/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date