

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000033950

FILED  
May 01, 2006  
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/MANAGERS:**

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 Chapter 119, 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

PRES

05/01/2006

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