

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000003514

FILED  
May 01, 2006  
Secretary of State

Entity Name: JODIE'S TAX & ACCOUNTING SERVICES, LTD. CO.

## Current Principal Place of Business:

2519 WOODS EDGE CIRCLE  
ORLANDO, FL 32817 US

## New Principal Place of Business:

4401 WATERMILL AVENUE  
ORLANDO, FL 32817 US

## Current Mailing Address:

POST OFFICE BOX 2434  
GOLDENROD, FL 32733 US

## New Mailing Address:

POST OFFICE BOX 935  
GOLDENROD, FL 32733 US

FEI Number: 20-0586499      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:

BARBOSA, JODIE A  
2519 WOODS EDGE CIRCLE  
ORLANDO, FL 32817 US

## Name and Address of New Registered Agent:

BARBOSA, JODIE A  
4401 WATERMILL AVENUE  
ORLANDO, FL 32817 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: JODIE A BARBOSA

05/01/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: BARBOSA, JODIE A  
Address: POST OFFICE BOX 2434  
City-St-Zip: GOLDENROD, FL 32733

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: BARBOSA, JODIE A  
Address: POST OFFICE BOX 935  
City-St-Zip: GOLDENROD, FL 32733

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: JODIE A BARBOSA

MGRM

05/01/2006

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