2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000049634

FILED Jul 15, 2008 Secretary of State

Entity Name: JACKSONVILLE TAX ADVISORY GROUP, LIMITED LIABILITY COMPANY

Current Principal Place of Business: New Principal Place of Business:

11929 SWOOPING WILLOW RD. JACKSONVILLE, FL 32223

Current Mailing Address: New Mailing Address:

11929 SWOOPING WILLOW RD. JACKSONVILLE, FL 32223

FEI Number: 84-1653259 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:

LONGMAN, BRUCE C
12412 SAN JOSE BOULEVARD, SUITE 404
JACKSONVILLE, FL 32223 US

LONGMAN, BRUCE C
11929 SWOOPING WILLOW ROAD
JACKSONVILLE, FL 32223 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: BRUCE C. LONGMAN 07/15/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name: LONGMAN, BRUCE C Name: LONGMAN, BRUCE C

Address: 12412 SAN JOSE BOULEVARD, SUITE 404 Address: 11929 SWOOPING WILLOW ROAD City-St-Zip: JACKSONVILLE, FL 32223 City-St-Zip: JACKSONVILLE, FL 32223

I hereby certify that the information supplied with this filing does not qualify 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: BRUCE C. LONGMAN MGRM 07/15/2008