2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000051814

FILED
Jan 28, 2005
Secretary of State

Entity Name: PROPERTY TAX SERVICES OF FLORIDA LLC

Current Principal Place of Business:	**New Principal Place of Business:**
1080 DELRAY LAKES DRIVE DELRAY BEACH, FL 33444 US	2000 W COMMERCIAL BLVD SUITE 218 FORT LAUDERDALE, FL 33309 US

Current Mailing Address:	**New Mailing Address:**
1080 DELRAY LAKES DRIVE DELRAY BEACH, FL 33444 US	2000 W COMMERCIAL BLVD SUITE 218 FORT LAUDERDALE, FL 33309 US

FEI Number: 73-1710877   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired (X)

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
NELSON, JEFFREY J 1080 DELRAY LAKES DRIVE DELRAY BEACH, FL 33444 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:　　　　　　　　　　　　**ADDITIONS/CHANGES:**

Title:	MGRM ( ) Delete	Title:		( ) Change ( ) Addition
Name:	NELSON, JEFFREY J	Name:		
Address:	1080 DELRAY LAKES DRIVE	Address:		
City-St-Zip:	DELRAY BEACH, FL 33444 US	City-St-Zip:		
Title:	MGR ( ) Delete	Title:		( ) Change ( ) Addition
Name:	NELSON, KATHLEEN M	Name:		
Address:	1080 DELRAY LAKES DRIVE	Address:		
City-St-Zip:	DELRAY BEACH, FL 33444 US	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: JEFFREY NELSON   PD   01/28/2005

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