


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90308 011 ****50.00

DOCUMENT # L05000003064 1. Entity Name NIERENBERG FAMILY, LLC					
Principal Place of Business 1211 GULF OF MEXICO DRIVE, #812 LONGBOAT KEY, FL 34228			Mailing Address 58 ACADIAN CIR HATTIESBURG HATTIESBURG, MS 39402		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address C/O TAX HELP INC 1730 S. FEDERAL HWY 260			
City & State DELMAR BEACH, FL.		City & State DELMAR BEACH, FL.		4. FEI Number 20-2155791	
Zip 33483		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WILSON, MICHAEL J 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236				7. Name and Address of New Registered Agent Name TREMBLAY, W.J. Street Address (P.O. Box Number is Not Acceptable) 1730 S. FEDERAL HWY STE. 260 City DELMAR BEACH FL Zip Code 33483	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>W.J. Tremblay</i></u> DATE <u>01/31/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NIERENBERG, RICHARD H 58 ACADIAN CIR HATTIESBURG, MS 39402	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NIERENBERG, ANDREA 420 EAST 51ST STREET SUITE 12-D NEW YORK, NY 10022	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NIERENBERG, MEREDITH 435 SOUTH GULFSTREAM AVE APT 803 SARASOTA, FL 34236	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NIERENBERG, MEREDITH 435 SOUTH GULFSTREAM AVE APT 803 SARASOTA, FL 34236	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NIERENBERG, MEREDITH 435 SOUTH GULFSTREAM AVE APT 803 SARASOTA, FL 34236	<input type="checkbox"/> Delete			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u><i>Michael J. Wilson</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <u>01/31/07</u> Daytime Phone # <u>243-0355</u>	