## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT



DOCUMENT # L05000055872  1. Entity Name AGILITY TAX AND ACCOUNTING, LLC							6 90017 015		0.00	
Principal Place of Business		Mailing Address	Mailing Address			5004221c				
3424 PALMER DRIVE		3424 PALMER DRIVE	3424 PALMER DRIVE							
KISSIMMEE, I	rL 34/41	KISSIMMEE, FL 34741	•			L MAIRS AIRG PROIL AND A	INIGA NIKANI NIKAN NIJAN KAIK		<b>aa</b> n kii k <b>aa</b> i	
2. Principal Place of Business		3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04282006	Chg-LLC	CR2E083 (1	1/05)		
City & State		City & State	City & State		4. FEI Numb	20-29	66494	<del></del>	plied For	
Zip	Country	Country Zip Count		try	5. Certificate	5. Certificate of Status Desired S5.00 Additional Fee Required				
6. Name and Address of Current Registered Agent					7. Name and	Address of New	Registered Agent	1		
DAZA ALIMAD K				Name						
RAZA, AHMAD K 3424 PAL;MER DRIVE KISSIMMEE, FL 34741				Street Address (P.O. Box Number is Not Acceptable)						
	,									
				City	FL Zip Code					
	named entity submits this statemer ions of registered agent.	nt for the purpose of changing its	registere	ed office or re	egistered agent, or bo	th, in the State of F	lorida. I am famili	ar with,	and accept	
SIGNATURE										
	Signature, typed or printed name of registered a									
	Signature, typed or printed name or registered a	gent and title if applicable. (NO)	E: Registere	d Agent signature r	required when reinstating)		DATE			
Fi D	iling Fee is \$50.00 ue by May 1, 2006	gert and title if applicable. (NO)	E: Registered	d Agent signature r	required when reinstating)		DATE ske check payab da Department d		•	
Fi D	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEN	MBERS/MANAGERS	E: Registered	d Agent signature r	required when reinstating)	Florid	ake check payab		•	
9.	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEN		10.	.,	required when reinstating)	Florid	ake check payab da Department o		Addition	
9.	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEN MGRM RAZA, AHMAD K	MBERS/MANAGERS	10. TITLE	.,	required when reinstating)	Florid	ake check payab da Department o	of State		
9. TITLE NAME	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEN	MBERS/MANAGERS	10. Title Nami Stre	E E	required when reinstating)	Florid	ake check payab da Department o	of State		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEN MGRM RAZA, AHMAD K 3424 PALMER DRIVE	MBERS/MANAGERS	10. TITLE NAMI STREE CITY	E Et address -St-Zip	required when reinstating)	Florid	ake check payab da Department c S/CHANGES	of State		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEN MGRM RAZA, AHMAD K 3424 PALMER DRIVE	MBERS/MANAGERS	10. TITLE NAMI STRE CITY TITLE	E E ET ADDRESS -ST-ZIP	required when reinstating)	Florid	ake check payab da Department c S/CHANGES	Change	Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEN MGRM RAZA, AHMAD K 3424 PALMER DRIVE	MBERS/MANAGERS	10. TITLE NAMI STRE CITY TITLE NAM STRE	E Et address -St-Zip	required when reinstating)	Florid	ake check payab da Department c S/CHANGES	Change	Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEN MGRM RAZA, AHMAD K 3424 PALMER DRIVE	MBERS/MANAGERS	10. TITLE NAMI STRE CITY TITLE NAM STRE	E ET ADDRESS -ST-ZIP  E E E E -ST-ZIP	required when reinstating)	Florid	ake check payab da Department c	Change	Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEN MGRM RAZA, AHMAD K 3424 PALMER DRIVE	MBERS/MANAGERS  Delete	10. TITLE NAMI STRE CITY TITLE NAM. STRE CITY TITLE NAM.	E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E E E E E E E E E E E E E E E E E E	required when reinstating)	Florid	ake check payab da Department c	change Change	Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEN MGRM RAZA, AHMAD K 3424 PALMER DRIVE	MBERS/MANAGERS  Delete	10. TITLE NAME STREE CITY TITLE NAME STREE CITY TITLE NAME STREE CITY	E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP	required when reinstating)	Florid	ake check payab da Department c	change Change	Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEN MGRM RAZA, AHMAD K 3424 PALMER DRIVE	MBERS/MANAGERS  Delete	TITLE NAME STREE CITY TITLE NAME STREET NAME STR	E ET ADDRESS -ST-ZIP : E ET ADDRESS -ST-ZIP : E E ET ADDRESS -ST-ZIP : E E ET ADDRESS -ST-ZIP :	required when reinstating)	Florid	ake check payab da Department c	change Change	Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEN MGRM RAZA, AHMAD K 3424 PALMER DRIVE	MBERS/MANAGERS  Delete  Delete	TO. TITLE NAME STREE CITY	E ET ADDRESS -ST-ZIP : E ET ADDRESS -ST-ZIP : E E ET ADDRESS -ST-ZIP : E E ET ADDRESS -ST-ZIP : E E ET ADDRESS -ST-ZIP :	required when reinstating)	Florid	ake check payab da Department c	Change Change	Addition  Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEN MGRM RAZA, AHMAD K 3424 PALMER DRIVE	MBERS/MANAGERS  Delete  Delete	TO. TITLE NAME STREE CITY	E ET ADDRESS -ST-ZIP : E ET ADDRESS -ST-ZIP : E E ET ADDRESS -ST-ZIP : E E ET ADDRESS -ST-ZIP :	required when reinstating)	Florid	ake check payab da Department c	Change Change	Addition  Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEN MGRM RAZA, AHMAD K 3424 PALMER DRIVE	MBERS/MANAGERS  Delete  Delete	TITLE NAME STREE CITY TITLE NAME STREET NAME STREE	E ET ADDRESS -ST-ZIP  E ET ADDRESS -ST-ZIP  E E ET ADDRESS -ST-ZIP  E E ET ADDRESS -ST-ZIP  E E ET ADDRESS -ST-ZIP	required when reinstating)	Florid	ake check payab da Department c	Change Change	Addition  Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEN MGRM RAZA, AHMAD K 3424 PALMER DRIVE	MBERS/MANAGERS Delete Delete Delete	TO. TITLE NAME STREE CITY	E ET ADDRESS -ST-ZIP E E ET ADDRESS	required when reinstating)	Florid	ake check payab da Department c	of State Change Change Change	Addition  Addition  Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEN MGRM RAZA, AHMAD K 3424 PALMER DRIVE	MBERS/MANAGERS Delete Delete Delete	TO. TITLE NAME STREE CITY	E ET ADDRESS -ST-ZIP  E ET ADDRESS -ST-ZIP  E E ET ADDRESS -ST-ZIP  E E ET ADDRESS -ST-ZIP  E E ET ADDRESS -ST-ZIP	required when reinstating)	Florid	ake check payab da Department c	of State Change Change Change	Addition  Addition  Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEN MGRM RAZA, AHMAD K 3424 PALMER DRIVE	MBERS/MANAGERS Delete Delete Delete	TO. TITLE NAME STREE CITY	E ET ADDRESS -ST-ZIP  E ET ADDRESS -ST-ZIP  E E ET ADDRESS -ST-ZIP  E E ET ADDRESS -ST-ZIP  E E E ET ADDRESS -ST-ZIP  E E E F ADDRESS -ST-ZIP	required when reinstating)	Florid	ake check payab da Department c	of State Change Change Change	Addition  Addition  Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEN MGRM RAZA, AHMAD K 3424 PALMER DRIVE	MBERS/MANAGERS Delete Delete Delete Delete	TITLE NAME STREE CITY TITLE NAME STREET NAME STREE	E ET ADDRESS -ST-ZIP  E ET ADDRESS -ST-ZIP  E E ET ADDRESS -ST-ZIP	required when reinstating)	Florid	ake check payab da Department c	Change Change	Addition  Addition  Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEN MGRM RAZA, AHMAD K 3424 PALMER DRIVE	MBERS/MANAGERS Delete Delete Delete Delete	TO.  TITLE NAMI STRE CITY TITLE NAM. STRE	E ET ADDRESS -ST-ZIP  E ET ADDRESS -ST-ZIP  E E ET ADDRESS -ST-ZIP	required when reinstating)	Florid	ake check payab da Department c	Change Change	Addition  Addition  Addition	

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.