

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 27, 2007 8:00 am**  
**Secretary of State**

02-27-2007 90081 020 \*\*\*\*50.00

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02212007 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L05000079418</b> 1. Entity Name <b>ACCOUNTING &amp; TAX PROFESSIONALS LLC</b>					
Principal Place of Business <b>2804 DEL PRADO BLVD., #209 CAPE CORAL, FL 33904</b>			Mailing Address <b>2804 DEL PRADO BLVD., #209 CAPE CORAL, FL 33904</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>2528 Sawgrass Lake Ct</b> Suite, Apt. #, etc.			
City & State Zip		City & State <b>Cape Coral FL</b> Zip <b>33909</b>		4. FEI Number <b>20-3295770</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>MARCINKIEWICZ, LILIANE A 2804 DEL PRADO BLVD. 209 CAPE CORAL, FL FL</b>	
7. Name and Address of New Registered Agent Name <b>Lilliane A. Marcinkiewicz</b> Street Address (P.O. Box Number is Not Acceptable) <b>2528 Sawgrass Lake Ct</b> City <b>Cape Coral FL</b> Zip Code <b>33909</b>				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 (NOTE: Registered Agent signature required when reinstating) DATE <b>2/27/07</b>	
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR JANSSEN, CATHY L 2804 DEL PRADO BLVD., #209 CAPE CORAL, FL 33904</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR MARCINKIEWICZ, LILLIANE A 2804 DEL PRADO BLVD., #209 CAPE CORAL, FL 33904</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b>			Date <b>2/21/07</b> Daytime Phone # <b>239-541-0055</b>		