
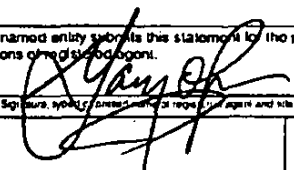
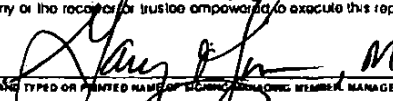


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Mar 20, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90302 028 \*\*\*\*50.00

<b>DOCUMENT # L05000093086</b>			
1. Entity Name <b>TAX SOLUTIONS PLUS, LLC</b>			
Principal Place of Business 2706 ALT 19 SUITE 114 PALM HARBOR FL 31383		Mailing Address 2706 ALT 19 SUITE 114 PALM HARBOR FL 34683	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>20-3503611</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>STRATEGIC TAX SOLUTIONS INC 2706 ALT 19 SUITE 114 PALM HARBOR FL 34683</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 the registered agent.			
SIGNATURE 		Managing Partner <b>1/31/07</b> DATE	
<b>FILE NOW!!! FEE IS \$50.00</b> Make Check Payable to Florida Department of State Due By May 1, 2007			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TAXPLUS, INC 2705 SUNSET POINT RD CLEARWATER FL 33759 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM STRATEGIC TAX SOLUTIONS INC 2706 ALT 19 SUITE 114 PALM HARBOR FL 34683 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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 Section 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		727 784 9010 Ch/No Phone #	