2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2008
Secretary of State

DOCUMENT# L06000039961

Entity Name: THE HOUSE OF TAXES LLC

Current Principal Place of Business:

15108 HEATHRIDGE DR
TAMPA, FL 33625

New Principal Place of Business:

Current Mailing Address:

15108 HEATHRIDGE DR
TAMPA, FL 33625

New Mailing Address:

FEI Number: 20-4714137 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HENDERSON, CHARLES E MR
15108 HEATHRIDGE DR
TAMPA, FL 33625 US

Name and Address of New Registered Agent:

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/MANAGERS:

Title: MGR ( ) Delete
Name: EDRINA, HAMMOND L
Address: 15108 HEATHRIDGE DR
City-St-Zip: TAMPA, FL 33625

Title: MGRM ( ) Delete
Name: HENDERSON, CHARLES E
Address: 15108 HEATHRIDGE DR
City-St-Zip: TAMPA, FL 33625

Title: MGR ( ) Delete
Name: SIA, HENDERSON C
Address: 15108 HEATHRIDGE DR
City-St-Zip: TAMPA, FL 33625

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: HAMMOND, EDRINA L
Address: 15108 HEATHRIDGE DR
City-St-Zip: TAMPA, FL 33625

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: HENDERSON, SIA C
Address: 15108 HEATHRIDGE DR
City-St-Zip: TAMPA, FL 33625

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: EDRINA HAMMOND MGR 03/21/2008

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