

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000043457

**FILED**  
**Apr 30, 2007**  
**Secretary of State**

**Entity Name:** K. WIGGINS & ASSOCIATES, LLC

**Current Principal Place of Business:**

18102 LATIMER LANE  
TAMPA, FL 33647

**New Principal Place of Business:**

19046 B B DOWNS BLVD  
302  
TAMPA, FL 33647

**Current Mailing Address:**

18102 LATIMER LANE  
TAMPA, FL 33647

**New Mailing Address:**

19046 B B DOWNS BLVD  
302  
TAMPA, FL 33647

FEI Number: 20-4735400

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WIGGINS, KENNETH  
18102 LATIMER LANE  
TAMPA, FL 33647 US

**Name and Address of New Registered Agent:**

THE HOUSE OF TAXES LLC  
15108 HEATHRIDGE DR  
TAMPA, FL 33625 US

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: CHARLES HENDERSON

04/30/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WIGGINS, KENNETH E  
Address: 18102 LATIMER LANE  
City-St-Zip: TAMPA, FL 33647

Title: MGR ( ) Delete  
Name: ROBERTS, VICKIE  
Address: PO BOX 1078  
City-St-Zip: WINONA, MS 38976

**ADDITIONS/CHANGES:**

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

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

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: KENNETH WIGGINS

MM

04/30/2007

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