

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000058151

FILED  
Mar 23, 2007  
Secretary of State

Entity Name: TAX RESOURCE MANAGEMENT, LLC

**Current Principal Place of Business:**

606 DRUID ROAD EAST  
CLEARWATER, FL 33756

**New Principal Place of Business:**

**Current Mailing Address:**

606 DRUID ROAD EAST  
CLEARWATER, FL 33756

**New Mailing Address:**

FEI Number: 20-5008006

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WATTS, STEPHEN G  
606 DRUID ROAD EAST  
CLEARWATER, FL 33756 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: MGRM ( ) Delete  
Name: BRYANT, GREG K  
Address: 22 LONG VIEW DRIVE  
City-St-Zip: BOW, NH 03304

Title: MGRM ( ) Delete  
Name: BARTON, JAMES M III  
Address: 46 BENJAMIN STREET  
City-St-Zip: MANCHESTER, NH 03109

Title: MGRM ( ) Delete  
Name: MOTTO, FRANK J  
Address: 101 SANDY HOOK  
City-St-Zip: LEWISVILLE, TX 75077

**ADDITIONS/CHANGES:**

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

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 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: GREG K BRYANT

MGRM

03/23/2007

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