FROM :

FAX NO. :5162399473

FILED
Apr 25, 2007 8:00 am
Secretary of State
04-25-2007 90046 014 ****50.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L06000081952

1. Entity Name

PROPERTY TAX REDUCTION GROUP, LLC

V

60040719

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8751 W. BROWARD BLVD	8751 W. BROWARD BLVD.
Suite, Apt. #, etc. SUITE 307	Suite, Apt. #, etc. SUITE 307
City & State PLANTATION, FL	City & State PLANTATION, FL
Zip 33324 Country USA	Zip 33324 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 20-5415171 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: ALFRED P. OENOWITZ

Street Address (P.O. Box Number is Not Acceptable): 8751 W BROWARD BLVD SUITE 307

City: PLANTATION FL Zip Code: 33324

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable.

FEE IS $60.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE PRESIDENT - (MEMBER) - "MGRM"	TITLE
NAME SHALOM MAIDENBAUM	NAME
STREET ADDRESS 132 SPRUCE STREET	STREET ADDRESS
CITY-ST-ZIP CEDARHURST, NY 11516	CITY-ST-ZIP
TITLE	TITLE
NAME	NAME
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CR2E083B (12/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 605, Florida Statutes.

SIGNATURE: _____ 4/13/2007 516 569 9100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #