2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000126454

Entity Name: TAX INTERNATIONAL LLC

FILED Jan 14, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3501 N. PONCE DR LEON BLVD. UNIT 368 ST.AUGUSTINE, FL 32084

Current Mailing Address: New Mailing Address:

3501 N. PONCE DR LEON BLVD. UNIT 368 ST.AUGUSTINE, FL 32084

FEI Number: 26-1593854 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

JONES, BRYAN J 3501 N. PONCE DR LEON BLVD. UNIT 368 ST.AUGUSTINE, FL 32084

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:

MGRM () Delete

JONES, BRYAN J Name:

3501 N. PONCE DR LEON BLVD. UNIT 368 Address:

City-St-Zip: ST.AUGUSTINE, FL 32084

Title: MGRM () Delete Name: HOWARD, SANDRA

Address: 2301 CASABLANCA COURT City-St-Zip: MIDDLEBURG, FL 32068

Title: MGRM () Delete

BRYAN, XAVIER Name: 829 HOLBROOKE DRIVE Address:

City-St-Zip: NEWPORT NEWS, VA 23602

Title: MGR () Delete Name: JENKINS, DEON

13000 S. TRYON ST. STE F#110 Address: City-St-Zip: CHARLOTTE, NC 282787602

ADDITIONS/CHANGES:

Title: (X) Change () Addition

Name: JONES, BRYAN J

3501 N. PONCE DR LEON BLVD. UNIT 368

Address: City-St-Zip: ST.AUGUSTINE, FL 32084

Title: () Change () Addition

Name: Address:

City-St-Zip:

Title: () Change () Addition

Name: Address: City-St-Zip:

Title: MGRM (X) Change () Addition Name: JENKINS, DEON

13000 S. TRYON ST. STE F#110 Address: City-St-Zip: CHARLOTTE, NC 282787602

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: BRYAN JONES 01/14/2008