

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000068694

**FILED**  
**Apr 15, 2009**  
**Secretary of State****Entity Name:** FLORIDA TAX REDUCTION INITIATIVE L.L.C.**Current Principal Place of Business:**644 NORTH WOODLAND BOULEVARD  
SUITE B  
DELAND, FL 32720**New Principal Place of Business:****Current Mailing Address:**644 NORTH WOODLAND BOULEVARD  
SUITE B  
DELAND, FL 32720**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**GREENE, ROBERT N SR.  
644 B NORTH WOODLAND BOULEVARD  
DELAND, FL 32720 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: GREENE, ROBERT N SR.  
Address: 644 B NORTH WOODLAND BOULEVARD  
City-St-Zip: DELAND, FL 32720**ADDITIONS/CHANGES:**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: ROBERT N. GREENE

MGR

04/15/2009

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