
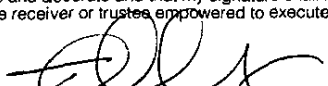


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90028 035 ****50.00

DOCUMENT # L99000002544 1. Entity Name H.I.M. TAX CERTIFICATES, L.L.C.					
Principal Place of Business 701 W. CYPRESS CREEK RD., SUITE 302 FT LAUDERDALE, FL 33309			Mailing Address 701 W. CYPRESS CREEK RD., SUITE 302 FT LAUDERDALE, FL 33309		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KODSI LAW FIRM 701 W. CYPRESS CREEK RD., 3RD FL FT LAUDERDALE, FL 33309				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent; and title if applicable. DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM		TITLE		
NAME	KODSI, ISAAC		NAME		
STREET ADDRESS	701 W CYPRESS CREEK RD, SUITE 302		STREET ADDRESS		
CITY - ST - ZIP	FORT LAUDERDALE, FL 33309		CITY - ST - ZIP		
TITLE	MGRM		TITLE		
NAME	ZUCKERBERG, HENRY		NAME		
STREET ADDRESS	60 ROUTE 46 EAST		STREET ADDRESS		
CITY - ST - ZIP	FAIRFIELD, NJ 07004		CITY - ST - ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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 608, Florida Statutes.					
SIGNATURE: 			4/29/04 954-771-6772		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		