


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0024522

DOCUMENT # L99000002544 1. Entity Name H.I.M. TAX CERTIFICATES, L.L.C.	
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FILED

03 MAY -1 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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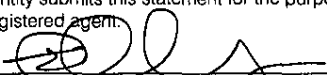
City & State Zip	City & State Zip
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4. FEI Number 52-2184269	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent KODSI & EISENSTEIN, P.A. 701 W. CYPRESS CREEK RD., SUITE 302 FT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent Name KODSI LAW FIRM Street Address (P.O. Box Number is Not Acceptable) 701 W CYPRESS CRK RD 3RD FL City FT LAUDERDALE FL Zip Code 33309	
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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 	ISAAC KODSI	DATE 4/29/03

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003	
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9. MANAGING MEMBERS / MANAGERS													
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<table border="1" style="width:100%"> <tr> <td style="width:80%"> MGRM KODSI, ISAAC 701 W CYPRESS CREEK RD, SUITE 302 FORT LAUDERDALE FL 33309 </td> <td style="width:20%; text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td> MGRM ZUCKERBERG, HENRY 60 ROUTE 46 EAST FAIRFIELD NJ 07004 </td> <td style="text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr><td> </td><td style="text-align: right;"> <input type="checkbox"/> Delete </td></tr> <tr><td> </td><td style="text-align: right;"> <input type="checkbox"/> Delete </td></tr> <tr><td> </td><td style="text-align: right;"> <input type="checkbox"/> Delete </td></tr> <tr><td> </td><td style="text-align: right;"> <input type="checkbox"/> Delete </td></tr> </table>	MGRM KODSI, ISAAC 701 W CYPRESS CREEK RD, SUITE 302 FORT LAUDERDALE FL 33309	<input type="checkbox"/> Delete	MGRM ZUCKERBERG, HENRY 60 ROUTE 46 EAST FAIRFIELD NJ 07004	<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete
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10. ADDITIONS / CHANGES													
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<table border="1" style="width:100%"> <tr> <td style="width:80%"> 800017845138 05/01/03--01084--004 **50.00 </td> <td style="width:20%; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td> </td><td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td></tr> <tr><td> </td><td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td></tr> <tr><td> </td><td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td></tr> <tr><td> </td><td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td></tr> <tr><td> </td><td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td></tr> </table>	800017845138 05/01/03--01084--004 **50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 	DATE 4/29/03 DAYTIME PHONE # 954-771-8277
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CR2E083 (10/02)