

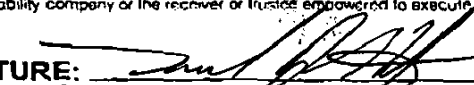


FILED
May 12, 2006 8:00 am
Secretary of State

05-12-2006 90240 016 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000009834					
1. Entity Name MANAGEMENT SERVICES HOLDINGS OF SOUTH FLORIDA, LLC					
Principal Place of Business 789 SOUTH FEDERAL HIGHWAY, SUITE 310 STUART, FL 34994		Mailing Address 789 SOUTH FEDERAL HIGHWAY, SUITE 310 STUART, FL 34994			
2. Principal Place of Business 3340 SE DIXIE HWY Suite, Apt. #, etc.		3. Mailing Address 3340 SE DIXIE HWY Suite, Apt. #, etc.			
City & State STUART, FL		City & State STUART, FL		4. FEI Number 76-0778685	
Zip 34997		Country MARTIN		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
8. Name and Address of Current Registered Agent GROSSO, JOSEPH D JR., ESQ 789 SOUTH FEDERAL HIGHWAY, SUITE 310 STUART, FL 34994			7. Name and Address of New Registered Agent Name: DANIEL STEINBERG Street Address (P.O. Box Number is Not Acceptable): 2355 NE OCEAN BLVD, UNIT 8 B City: STUART FL Zip Code: 34996		
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: 5/10/06	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
B. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONCEPTS IN GREENERY LANDSCAPE MNTNCE, INC 789 SOUTH FEDERAL HIGHWAY, SUITE 310 STUART, FL 34994	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3340 SE DIXIE HWY 34997	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CUMMINGS, KEITH L 789 SOUTH FEDERAL HIGHWAY, SUITE 310 STUART, FL 34994	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3340 SE DIXIE HWY 34997	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHASEN, DONALD L 789 SOUTH FEDERAL HIGHWAY, SUITE 310 STUART, FL 34994	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3340 SE DIXIE HWY 34997	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUCIDO, THOMAS P 789 SOUTH FEDERAL HIGHWAY, SUITE 310 STUART, FL 34994	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3340 SE DIXIE HWY 34997	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 5/10/06 772-220-3676	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	

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04112006 Chg-LLC CR2E083 (11/05)