

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Apr 30, 2007
Secretary of State**

DOCUMENT# L06000040713

Entity Name: CTS MANAGEMENT, LLC

Current Principal Place of Business:

P.O. BOX 1759
MT. DORA, FL 32756

New Principal Place of Business:

773 S. KIRKMAN RD.
SUITE 118
ORLANDO, FL 32811

Current Mailing Address:

P.O. BOX 1759
MT. DORA, FL 32756

New Mailing Address:

FEI Number: 20-4747264 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMALL BUSINESS RESOURCES USA, INC.
773 S. KIRKMAN RD.
SUITE 118
ORLANDO, FL 32811 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: MGRM () Delete
Name: SHIRLEY, THOMAS L
Address: P.O. BOX 1759
City-St-Zip: MT. DORA, FL 32756

Title: MGRM () Delete
Name: SHIRLEY, CONNIE B
Address: P.O. BOX 1759
City-St-Zip: MT. DORA, FL 32756

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: THOMAS L SHIRLEY

MGRM

04/30/2007

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