

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 24, 2009  
Secretary of State**

DOCUMENT# L06000040713

Entity Name: CTS MANAGEMENT, LLC

**Current Principal Place of Business:**

1601 PARK CENTER DRIVE  
SUITE 6A  
ORLANDO, FL 32835

**New Principal Place of Business:**

**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.  
1601 PARK CENTER DRIVE  
SUITE 6A  
ORLANDO, FL 32835 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

04/24/2009

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