2011 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A03000000796

Entity Name: TORTOLA MANAGEMENT SERVICES, LTD.

FILED Jan 28, 2011 Secretary of State

| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
|---|---------------|---|-----------------------------------|---|--|
| 21150 BISCAYNE BLVD SUITE 104 | | | | | |
| AVENTURA | A, FL 33180 | | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| 21150 BISCAYNE BLVD SUITE 104 | | | | | |
| AVENTUR/ | FL 33180 | | | | |
| FEI Number: | 54-2111289 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address o | Name and Address of New Registered Agent: | |
| 4000 HOLL | GREEN, ZUCKI | ERMAN, ET AL ., STE. 485 SOUTH US | | | |
| The above in the State | | bmits this statement for the pu | urpose of changing its registered | d office or registered agent, or both | |
| SIGNATUR | E: | | | | |
| Electronic Signature of Registered Agent | | | nt | Date | |
| GENERAL | PARTNER INF | FORMATION: | ADDRESS CHANGES | S ONLY: | |
| Document #: Name: | LEVY, JEFFREY | A M.D. | | | |

Address: 21150 BISCAYNE BLVD., STE 104 Address: City-St-Zip: AVENTURA, FL 33180 City-St-Zip:

I hereby 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: JEFFREY A LEVY **PART** 01/28/2011