2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000016368

Entity Name: ASSOCIATION MANAGEMENT SPECIALISTS, LLC

FILED Feb 04, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

526 SIMPSON RD KISSIMMEE, FL 34744

Current Mailing Address: New Mailing Address:

526 SIMPSON RD KISSIMMEE, FL 34744 US

FEI Number: 59-3749301 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GINKEL, KATHERINE C 526 SIMPSON RD KISSIMMEE, FL 34744 US

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/MEMBERS:

RS: ADDITIONS/CHANGES:

 Title:
 PT () Delete
 Title:
 MGR (X) Change () Addition

 Name:
 KATHERIN, GINKEL
 Name:
 KATHERIN, GINKEL

 Address:
 526 SIMPSON ROAD
 Address:
 526 SIMPSON ROAD

 City-St-Zip:
 KISSIMMEE, FL 34744
 City-St-Zip:
 KISSIMMEE, FL 34744

Title: PT () Delete Title: MGR (X) Change () Addition Name: HAWKINS, DEBBIE Name: HAWKINS, DEBBIE

Name:HAWKINS, DEBBIEName:HAWKINS, DEBBIEAddress:275 E. HILLCREST DR #215Address:275 E. HILLCREST DR #215City-St-Zip:THOUSAND OAKS, CA 91360City-St-Zip:THOUSAND OAKS, CA 91360

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KATHERINE C. GINKEL MGR 02/04/2004