


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # L02000006683 1. Entity Name CERTUS MANAGEMENT, LLC |  |
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|---|---|
| Principal Place of Business 300 INTERNATIONAL PKWY. SUITE 190 HEATHROW, FL 32746 | Mailing Address 300 INTERNATIONAL PKWY. SUITE 190 HEATHROW, FL 32746 |
|---|---|

DO NOT WRITE IN THIS SPACE



04232007No Chg-LLC

CR2E083 (11/05)

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| 4. FEI Number 59-2291040 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent PAWLOWSKI, GLEN J 300 INTERNATIONAL PKWY. SUITE 190 HEATHROW, FL 32746 |
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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable


**Filing Fee is \$50.00
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BRIAMARIC CORP. 6896 SYLVAN WOODS DR SANFORD, FL 32771 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DJJW GROUP INC. 1869 LK MARKHAM PRESERVE TRL SANFORD, FL 32771 |
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05/15/07-80146-018 50.00

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.

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|---|---------------------|--------------------------------|
| SIGNATURE:  | 4/27/07 | 407.333.9916 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | <small>Date</small> | <small>Daytime Phone #</small> |