

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000006894

FILED
Jan 04, 2007
Secretary of State

Entity Name: COMPREHENSIVE MONEY MANAGEMENT SERVICES LLC

Current Principal Place of Business:

535 VILABELLA AVENUE
CORAL GABLES, FL 33146 US

New Principal Place of Business:

Current Mailing Address:

535 VILABELLA AVENUE
CORAL GABLES, FL 33146 US

New Mailing Address:

FEI Number: 02-0548047

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEUBAUER, WILLIAM R
535 VILABELLA AVENUE
CORAL GABLES, FL 33146 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: NEUBAUER, WILLIAM R
Address: 535 VILABELLA AVENUE
City-St-Zip: CORAL GABLES, FL 33146 US

Title: MGRM (X) Delete
Name: ALFONSO, ROBERT
Address: 535 VILABELLA AVENUE
City-St-Zip: CORAL GABLES, FL 33146 US

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 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: WILLIAM R NEUBAUER

MGMR

01/04/2007

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