

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000009351

Entity Name: HMS MANAGEMENT, LLC

FILED
May 11, 2006
Secretary of State

Current Principal Place of Business:

780 NORTHWEST LEJEUNE ROAD, SUITE 516
MIAMI, FL 33126

New Principal Place of Business:

4565 SW 153 AVENUE
MIRAMAR, FL 33027

Current Mailing Address:

780 NORTHWEST LEJEUNE ROAD, SUITE 516
MIAMI, FL 33126

New Mailing Address:

4565 SW 153 AVENUE
MIRAMAR, FL 33027

FEI Number: 03-0433452 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PIEDRA, AURELIO A
780 NW LEJEUNE RD
MIAMI, FL 33145 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: MGR () Delete
Name: GOMILA, NIVIA
Address: 780 NW LEJEUNE RD., STE 516
City-St-Zip: MIAMI, FL 33126

Title: MGR () Delete
Name: SANCHEZ, MANUEL E
Address: 780 NORTHWEST LEJEUNE ROAD, SUITE 516
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: SANCHEZ, MANUEL E
Address: 780 NW LEJEUNE ROAD
City-St-Zip: MIAMI, FL 33145

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: NIVIA GOMILA

MGR

05/11/2006

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