

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000013582

FILED
Apr 28, 2006
Secretary of State

Entity Name: SERVICES MANAGEMENT, LLC

Current Principal Place of Business:

3300 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065

New Principal Place of Business:

1951 NW 19TH STREET
SUITE 200
BOCA RATON, FL 33431

Current Mailing Address:

3300 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065

New Mailing Address:

1951 NW 19TH STREET
SUITE 200
BOCA RATON, FL 33431

FEI Number: 04-3701098

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DIFIORE, CORA D
3300 UNIVERSITY DR STE 001
CORAL SPRINGS, FL 33065 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: TRANSEASTERN PROPERT, IES, INC.
Address: 3300 UNIVERSITY DR STE 001
City-St-Zip: CORAL SPRINGS, FL 33065

Title: MGRM (X) Delete
Name: TRANSEATERN PROPERTI, ES INC.
Address: 3300 UNIVERSITY DRIVE SUITE 001
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: EISNER, NEIL
Address: 279 KEY PALM WAY
City-St-Zip: BOCA RATON, FL 33431

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: NEIL EISNER

MGR

04/28/2006

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