
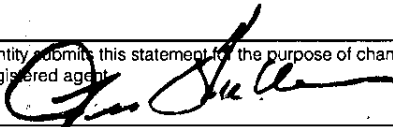



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 02, 2004 8:00 am
Secretary of State

08-02-2004 90114 032 ****50.00

DOCUMENT # L03000011310 1. Entity Name CTMS HOLDINGS, LLC					
Principal Place of Business 112 ORANGE AVENUE FT. PIERCE, FL 34950-4347			Mailing Address 112 ORANGE AVENUE FT. PIERCE, FL 34950-4347		
2. Principal Place of Business 1000 VIRGINIA AVENUE Suite, Apt. #, etc.		3. Mailing Address 1000 VIRGINIA AVENUE Suite, Apt. #, etc.			
City & State FT. PIERCE, FLORIDA		City & State FT. PIERCE, FLORIDA		4. FEI Number 20-1399131	
Zip 34982 Country USA		Zip 34982 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HEINEMANN, THEODORE J ESQ. % BUTZEL LONG, P.C. 1200 N. FEDERAL HIGHWAY, SUITE 420 BOCA RATON, FL 33432			7. Name and Address of New Registered Agent Name LESLIE WALLER Street Address (P.O. Box Number is Not Acceptable) 1000 VIRGINIA AVENUE City FT. PIERCE FL Zip Code 34982		
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 		LESLIE WALLER		DATE 7/26/04	
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CTMS MANAGEMENT, INC. 112 ORANGE AVENUE FT. PIERCE, FL 349504347	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CTMS MANAGEMENT GROUP, INC. 1000 VIRGINIA AVENUE FT. PIERCE, FLORIDA 34982	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CTMS MANAGEMENT GROUP, INC. 1000 VIRGINIA AVENUE FT. PIERCE, FLORIDA 34982	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CTMS MANAGEMENT GROUP, INC. 1000 VIRGINIA AVENUE FT. PIERCE, FLORIDA 34982	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CTMS MANAGEMENT GROUP, INC. 1000 VIRGINIA AVENUE FT. PIERCE, FLORIDA 34982	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CTMS MANAGEMENT GROUP, INC. 1000 VIRGINIA AVENUE FT. PIERCE, FLORIDA 34982	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify 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 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: 		DATE 7/26/04		DAYTIME PHONE # 772 466-5050	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					