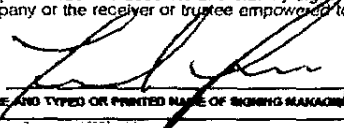


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000036974 1. Entity Name CONTINENTAL MANAGEMENT SOLUTIONS, LLC		
Principal Place of Business 12240 SW 53 ST, #512 COOPER CITY, FL 33330	Mailing Address 12240 SW 53 ST, #512 COOPER CITY, FL 33330	
DO NOT WRITE IN THIS SPACE		 01052006No Ctg-LLC CR2E083 (11/05)
		4. FEI Number 42-1606181 Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent FICARA, FRANK 12240 SW 53 ST, #512 COOPER CITY, FL 33330		DO NOT WRITE 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 _____ Signature typed or printed name of registered agent (and role if applicable) (NOTE: Registered Agent signature required when reappointing) DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BREA, ALEX 16565 NW 10 ST PEMBROKE PINES, FL 33028	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAAS, MATT 13425 SW 108 STREET CIRCLE SOUTH MIAMI, FL 33186	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FICARA, FRANK 13810 NW 20 ST PEMBROKE PINES, FL 33028	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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.		
SIGNATURE:  FRANK FICARA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		1/15/06 954-680-3399 Date Daytime Phone #