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	Mailing Address
12240 SW 53 ST, #512 COOPER CITY, FL 33330	12240 SW 53 ST, #512 COOPER CITY, FL 33330

01052006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BREAZ, ALEX
STREET ADDRESS	16565 NW 10 ST
CITY-ST-ZIP	PEMBROKE PINES, FL 33028
TITLE	MGRM
NAME	HAAS, MATT
STREET ADDRESS	13425 SW 108 STREET CIRCLE SOUTH
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	MGRM
NAME	FICARA, FRANK
STREET ADDRESS	13810 NW 20 ST
CITY-ST-ZIP	PEMBROKE PINES, FL 33028
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000399802
02/01/06-80027-018 50.00

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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 FICALA 1/15/06 954-680-3399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #