

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000036115

FILED
Sep 04, 2006
Secretary of State

Entity Name: ESCROW MANAGEMENT SERVICES, LLC

Current Principal Place of Business:

565 OAKS LANE, SUITE 402
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

565 OAKS LANE, SUITE 402
POMPANO BEACH, FL 33069

New Mailing Address:

FEI Number: 27-0050994 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

Name and Address of New Registered Agent:

BEAUPRE, CELESTE
565 OAKS LANE, SUITE 402
POMPANO BEACH, FL 33069 US

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: MGRM () Delete
Name: BEAUPRE, CELESTE M
Address: 565 OAKS LANE #402
City-St-Zip: POMPANO BEACH, FL 33069

Title: MGRM () Delete
Name: NICHOLSON, JAMES M
Address: 138 TWIN LAKES DRIVE
City-St-Zip: GETTYSBURG, PA 17325

ADDITIONS/CHANGES:

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

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: CELESTE BEAUPRE

MGRM

09/04/2006

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