

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000036115

FILED  
Aug 31, 2009  
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:**

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

**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: CELESTE BEAUPRE

08/31/2009

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 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

08/31/2009

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