

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000083026

**FILED**  
**Apr 28, 2006**  
**Secretary of State**

**Entity Name:** COMMUNITY ASSOCIATION MANAGEMENT SERVICES, LLC

**Current Principal Place of Business:**

2005 PAN AM CIRCLE  
SUITE 750  
TAMPA, FL 33607 US

**New Principal Place of Business:**

2002 N LOIS AVE  
SUITE 507  
TAMPA, FL 33607 US

**Current Mailing Address:**

2005 PAN AM CIRCLE  
SUITE 750  
TAMPA, FL 33607 US

**New Mailing Address:**

2002 N LOIS AVE  
SUITE 507  
TAMPA, FL 33607 US

**FEI Number:** 20-1888853

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAMB, BRIAN K  
2005 PAN AM CIRCLE  
SUITE 750  
TAMPA, FL 33607 US

**Name and Address of New Registered Agent:**

LAMB, BRIAN K  
2002 N LOIS AVE  
SUITE 507  
TAMPA, FL 33607 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: BRIAN K LAMB

04/28/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LAMB, BRIAN K  
Address: 2005 PAN AM CIRCLE, SUITE 750  
City-St-Zip: TAMPA, FL 33607

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: LAMB, BRIAN K  
Address: 2002 N LOIS AVE, STE 507  
City-St-Zip: TAMPA, FL 33607

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: BRIAN K LAMB

MGR

04/28/2006

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