


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90041 038 ****50.00

DOCUMENT # L04000086342	
1. Entity Name LISTING MANAGEMENT SERVICES, LLC	

Principal Place of Business 3228 FAIRFIELD DRIVE KISSIMMEE, FL 34743 US	Mailing Address 3228 FAIRFIELD DRIVE KISSIMMEE, FL 34743 US
---	---

2. Principal Place of Business 2662 Stargrass Circle Suite, Apt. #, etc.	3. Mailing Address 2662 Stargrass Circle Suite, Apt. #, etc.
---	---

City & State Kissimmee FL	City & State Kissimmee FL
Zip 34746	Country USA



04102006 Chg-LLC CR2E083 (11/05)

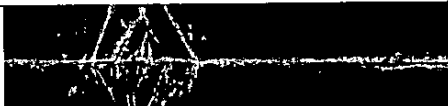
6. Name and Address of Current Registered Agent GENERAL COUNSEL ADVISORS, P.A. 1001 NORTH LAKE DESTINY ROAD SUITE 300 MAITLAND, FL 32751	
--	--

4. FEI Number 11-3734535	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	---------------------------------------

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006	
---	---

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOS TIWARI, GINGER 3228 FAIRFIELD DRIVE KISSIMMEE, FL 34743 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2662 STAR GRASS Circle Kissimmee, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TIWARI, EKSHWAKOO 3228 FAIRFIELD DRIVE KISSIMMEE, FL 34743 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2662 Stargrass Circle Kissimmee, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Ginger Tiwari CEO GINGER TIWARI 4/10/06 407-808-2019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #