

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000004098

Entity Name: PMS INVESTMENTS LLC

FILED
May 04, 2006
Secretary of State

Current Principal Place of Business:

4 ROYAL PALM WAY
604
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

4 ROYAL PALM WAY
604
BOCA RATON, FL 33432 US

New Mailing Address:

FEI Number: 75-3182189 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

PHELPS, PAUL
4 ROYAL PALM WAY
604
BOCA RATON, FL 33432 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: PHELPS, PAUL
Address: 4 ROYAL PALM WAY #604
City-St-Zip: BOCA RATON, FL 33432 US

Title: MGRM () Delete
Name: SULLIVAN, CATHY
Address: 515 WRANGLEWOOD DR.
City-St-Zip: WELLINGTON, FL 33414 US

Title: MGRM () Delete
Name: SULLIVAN, MIKE
Address: 515 WRANGLEWOOD DR.
City-St-Zip: WELLINGTON, FL 33414 US

ADDITIONS/CHANGES:

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

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: PAUL PHELPS

PRES

05/04/2006

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