

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000015482

FILED
Apr 30, 2008
Secretary of State

Entity Name: INVESTMENT MANAGEMENT SOLUTIONS LIMITED LIABILITY COMPANY

Current Principal Place of Business:

407 LAKE HOWELL RD
SUITE 108
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

5840 RED BUG LK RD.
SUITE 295
WINTER SPRINGS, FL 32708

New Mailing Address:

PO BOX 168
SORRENTO, FL 32776

FEI Number: 71-0977652

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUINLAN, SCOTT C
407 LAKE HOWELL RD
SUITE 108
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

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: MGR () Delete
Name: QUINLAN, SCOTT C
Address: 407 LAKE HOWELL RD., SUITE 108
City-St-Zip: MAITLAND, FL 32751

Title: MGRM (X) Delete
Name: QUINLAN, TIMOTHY J
Address: 407 LAKE HOWELL RD., SUITE 108
City-St-Zip: MAITLAND, FL 32751

Title: MGRM () Delete
Name: PHILIP, BROWN A
Address: 407 LAKE HOWELL RD., SUITE 108
City-St-Zip: MAITLAND, FL 32751

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 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: SCOTT C. QUINLAN

MGR

04/30/2008

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