

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000036019

FILED  
Jan 10, 2006  
Secretary of State

Entity Name: ACCOUNT MANAGEMENT SERVICES, LLC

## Current Principal Place of Business:

1900 HOWELL BRANCH ROAD  
SUITE 4-6  
WINTER PARK, FL 32792

## New Principal Place of Business:

1964 HOWELL BRANCH ROAD  
SUITE 202  
WINTER PARK, FL 32792

## Current Mailing Address:

1900 HOWELL BRANCH ROAD  
SUITE 4-6  
WINTER PARK, FL 32792

## New Mailing Address:

1964 HOWELL BRANCH ROAD  
SUITE 202  
WINTER PARK, FL 32792

FEI Number: 20-2664976

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WRIGHT, PETE  
1900 HOWELL BRANCH ROAD  
SUITE 4-6  
WINTER PARK, FL 32792 US

## Name and Address of New Registered Agent:

WRIGHT, WALTER  
1964 HOWELL BRANCH ROAD  
SUITE 202  
WINTER PARK, FL 32792 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: WALTER WRIGHT

01/10/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: P ( ) Change (X) Addition  
Name: WRIGHT, WALTER  
Address: 1964 HOWELL BRANCH ROAD SUITE 202  
City-St-Zip: WINTER PARK, FL 32792

Title: VP ( ) Change (X) Addition  
Name: AUTHENRIETH, JOSHUA M  
Address: 4401 E. COLONIAL DRIVE, SUITE 2B  
City-St-Zip: ORLANDO, FL 32803

Title: VP ( ) Change (X) Addition  
Name: ASSENT, ADRIAN A  
Address: 4401 E. COLONIAL DRIVE, SUITE 2B  
City-St-Zip: ORLANDO, FL 32803

Title: VP ( ) Change (X) Addition  
Name: ASSENT, MERLIN  
Address: 4401 E. COLONIAL DRIVE, SUITE 2B  
City-St-Zip: ORLANDO, FL 32803

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: WALTER WRIGHT

P

01/10/2006

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