2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 27, 2006 8:00 am Secretary of State **DOCUMENT # L05000038173** 04-27-2006 90018 031 ****50.00 RMS CONSULTING, LLC Principal Place of Business Mailing Address 15 PALMETTO DRIVE **15 PALMETTO DRIVE** STUART, FL 34996 STUART, FL 34996 2. Principal Place of Business 3. Mailing Address Sulte, Apt. #, etc. Suite, Apt. #, etc. 02032006 Chg-LLC CR2E083 (11/05) Applied For City & State City & State 4. FEI Number Not Applicable \$5.00 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SKINNER, ROBERT 1 Street Address (P.O. Box Number is Not Acceptable) 15 PALMETTO DRIVE STUART, FL 34996 City Zip Code FL 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 Signsture, typed or printed name of required agent and title if applicable. (NOTE: Registered Agent aigneture required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. MGRM TITLE ☐ Delete TITLE Change Addition NAME SKINNER, ROBERT NAME STREET ADDRESS 15 PALMETTO DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUART, FL 34996 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS (21Y-S1-7P CITY-ST-ZIP TITLE ☐ Delete _ Change ΠTE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY+ST-7IP 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 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

MANUGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #