
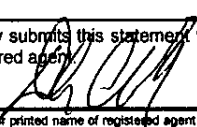



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90232 034 ***138.75

DOCUMENT # L05000048527			
1. Entity Name POS MANAGEMENT, LLC			
Principal Place of Business 5111 RIDGEWOOD AVENUE PORT ORANGE, FL 32127		Mailing Address 5111 RIDGEWOOD AVENUE PORT ORANGE, FL 32127	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 5111 South Ridgewood Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 300	
City & State		City & State Port Orange, Florida	
Zip	Country	Zip	Country
32127	USA	32127	USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CLARK, D. ANDREW 5111 RIDGEWOOD AVENUE PORT ORANGE, FL 32127		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CLARK, D. ANDREW 5111 RIDGEWOOD AVENUE PORT ORANGE, FL 32127 <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
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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #