2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2006
Secretary of State

DOCUMENT# L05000053665

Entity Name: GOVERNMENT SERVICES & MANAGEMENT ASSOCIATES, LLC

Current Principal Place of Business:

P.O. BOX 291149
PORT ORANGE, FL 321291149

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 291149
PORT ORANGE, FL 321291149

New Mailing Address:

FEI Number: 20-2934342 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MURPHY, MICHELE G
5959 KENDREW DRIVE
PORT ORANGE, FL 32127 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: MURPHY, MICHELE G
Address: P.O. BOX 291288
City-St-Zip: PORT ORANGE, FL 32129

Title: MGR ( ) Delete
Name: MURPHY, CHRISTOPHER W
Address: P.O. BOX 291288
City-St-Zip: PORT ORANGE, FL 32129

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: MURPHY, MICHELE G
Address: P.O. BOX 291149
City-St-Zip: PORT ORANGE, FL 32129

Title: MGR (X) Change ( ) Addition
Name: MURPHY, CHRISTOPHER W
Address: P.O. BOX 291149
City-St-Zip: PORT ORANGE, FL 32129

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: MICHELE G. MURPHY MGR 02/04/2006

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