


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jan 31, 2007 08:00 AM  
Secretary of State**

<b>DOCUMENT # L05000053665</b> 1. Entity Name GOVERNMENT SERVICES & MANAGEMENT ASSOCIATES, LLC	
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Principal Place of Business P.O. BOX 691027 VERO BEACH, FL 32969	Mailing Address P.O. BOX 691027 VERO BEACH, FL 32969
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**DO NOT WRITE IN THIS SPACE**



01292007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2934342	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MURPHY, MICHELE G  
5406 5TH LANE  
VERO BEACH, FL 32968

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
Due by May 1, 2007**

000000614043  
02/06/07-80010-003 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MURPHY, MICHELE G P.O. BOX 691027 VERO BEACH, FL 32969
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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:** Michele Murphy 1/29/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #