


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 28, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000084929 1. Entity Name INVESTORS MANAGEMENT SERVICES, LLC	
---	---

Principal Place of Business 3340 CRENSHAW LAKE ROAD LUTZ, FL 33548	Mailing Address 3340 CRENSHAW LAKE ROAD LUTZ, FL 33548
--	--



DO NOT WRITE IN THIS SPACE

03232007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3473619	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MYERS, W. PARKINSON
3340 CRENSHAW LAKE ROAD
LUTZ, FL 33548**

**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 re-stating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

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

000000681283
04/04/07-80037-012 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MYERS, W. PARKINSON 3340 CRENSHAW LAKE ROAD LUTZ, FL 33548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: W. B. MYERS W. PARKINSON MYERS 3/26/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #