

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000109985

FILED
Apr 30, 2006
Secretary of State

Entity Name: CONDO MANAGEMENT SOLUTIONS, LLC

Current Principal Place of Business:

9380 LAKE CHASE ISLAND WAY
TAMPA, FL 33626

New Principal Place of Business:

16606 PALM ROYAL DRIVE
#1110
TAMPA, FL 33647

Current Mailing Address:

9380 LAKE CHASE ISLAND WAY
TAMPA, FL 33626

New Mailing Address:

16606 PALM ROYAL DRIVE
#1110
TAMPA, FL 33647

FEI Number: 20-3981434

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AGENTS AND CORPORATIONS, INC.
SUITE E, 773 4TH AVENUE NORTH
NAPLES, FL 34102 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: HAWKER, JENNY
Address: 9380 LAKE CHASE ISLAND WAY
City-St-Zip: TAMPA, FL 33626

Title: MGR () Delete
Name: DUBERSTEIN, JENNETTE
Address: 9380 LAKE CHASE ISLAND WAY
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HAWKER, JENNY L
Address: 16606 PALM ROYAL DRIVE #1110
City-St-Zip: TAMPA, FL 33647

Title: MGR (X) Change () Addition
Name: HAWKER, BRETT A
Address: 16606 PALM ROYAL DRIVE #1110
City-St-Zip: TAMPA, FL 33647

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: JENNY HAWKER

MGR

04/30/2006

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