2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007
Secretary of State

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Entity Name: TASK MANAGEMENT, LLC

Current Principal Place of Business:

4811 LYONS TECHNOLOGY PARKWAY, STE. 24
COCONUT CREEK, FL 33073

New Principal Place of Business:

5072 NW 45 AVENUE
COCONUT CREEK, FL 33073

Current Mailing Address:

4811 LYONS TECHNOLOGY PARKWAY, STE. 24
COCONUT CREEK, FL 33073

New Mailing Address:

5072 NW 45 AVENUE
COCONUT CREEK, FL 33073

FEI Number: 20-4651572 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, DONALD D JR.
9500 S. DADELAND BLVD., SUITE 700
MIAMI, FL 33156 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: MGRM ( ) Delete
Name: BUSS, TRACY
Address: 4811 LYONS TECHNOLOGY PARKWAY, STE. 24
City-St-Zip: COCONUT CREEK, FL 33073

Title: ST ( ) Delete
Name: BUSS, SCOTT
Address: 4811 LYONS TECHNOLOGY PARKWAY, STE. 24
City-St-Zip: COCONUT CREEK, FL 33073

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BUSS, TRACY
Address: 5072 NW 45 AVENUE
City-St-Zip: COCONUT CREEK, FL 33073

Title: ST (X) Change ( ) Addition
Name: BUSS, SCOTT
Address: 5072 NW 45 AVENUE
City-St-Zip: COCONUT CREEK, FL 33073

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: TRACY BUSS MGRM 04/09/2007

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