

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000082943

FILED
Apr 28, 2007
Secretary of State

Entity Name: RMS HOLDINGS LLC

Current Principal Place of Business:

4800 LINTON BOULEVARD
A201
DELRAY BEACH, FL 33445 US

New Principal Place of Business:

Current Mailing Address:

4800 LINTON BOULEVARD
A201
DELRAY BEACH, FL 33445 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEREK A. SCHWARTZ, P.A.
2385 EXECUTIVE CENTER DRIVE
SUITE 190
BOCA RATON, FL 33431 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: MEADOWS, MICHAEL
Address: 4800 LINTON BOULEVARD, SUITE A201
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: MGR () Delete
Name: KAMINSKY, RONALD
Address: 4800 LINTON BOULEVARD, SUITE A201
City-St-Zip: DELRAY BEACH, FL 33445 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MEADOWS, MICHAEL L
Address: 4800 LINTON BOULEVARD, SUITE A201
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: MGR (X) Change () Addition
Name: KAMINSKY, RONALD S
Address: 4800 LINTON BOULEVARD, SUITE A201
City-St-Zip: DELRAY BEACH, FL 33445 US

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL MEADOWS

MGR

04/28/2007

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