

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000107647

FILED
Apr 25, 2008
Secretary of State

Entity Name: HOLDINGS MANAGEMENT SERVICES, LLC

Current Principal Place of Business:

6217 TANAGER PLACE
TEMPLE TERRACE, FL 33617 US

New Principal Place of Business:

Current Mailing Address:

6217 TANAGER PLACE
TEMPLE TERRACE, FL 33617 US

New Mailing Address:

P.O. BOX 292762
TEMPLE TERRACE, FL 33687 US

FEI Number: 13-4347383

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHOEPFLIN, CAROL
6217 TANAGER PLACE
TEMPLE TERRACE, FL 33617 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: BOND PROPERTIES, INC.,
Address: 15922 WYNDOVER ROAD
City-St-Zip: TAMPA, FL 33647 US

Title: MGRM () Delete
Name: CONABLE HULL ASSOCIA, TES, INC.
Address: 6217 TANAGER PLACE
City-St-Zip: TEMPLE TERRACE, FL 33617 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SCHOEPFLIN, ROBERT A
Address: P.O. BOX 292762
City-St-Zip: TEMPLE TERRACE, FL 33617 US

Title: MGRM (X) Change () Addition
Name: CONABLE HULL ASSOCIA, TES, INC.
Address: P. O. BOX 292762
City-St-Zip: TEMPLE TERRACE, FL 33617 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: ROBERT A. SCHOEPFLIN

MGMR

04/25/2008

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