

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000121952

FILED
Jul 03, 2007
Secretary of State

Entity Name: SHARE-A-SPACE MANAGEMENT SERVICES, LLC

Current Principal Place of Business:

910 SR 434 NORTH
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

910 SR 434 NORTH
UNIT 14-15
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

1739 SWEETWATER WEST CIRCLE
APOPKA, FL 32712

New Mailing Address:

910 SR 434 NORTH
UNIT 14-15
ALTAMONTE SPRINGS, FL 32714

FEI Number: 02-0795178 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GOODE-OSTOS, REGINA
1739 SWEETWATER WEST CIRCLE
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

GOODE-OSTOS, REGINA
910 SR 434 NORTH
ALTAMONTE SPRINGS, FL 32714 US

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: REGINA GOODE-OSTOS

07/03/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GOODE-OSTOS, REGINA
Address: 1739 SWEETWATER WEST CIRCLE
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GOODE-OSTOS, REGINA
Address: 910 SR 434 NORTH
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: REGINA GOODE-OSTOS

MS

07/03/2007

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