

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90056 022 ***138.75

60030729



01092008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000009551	
1. Entity Name FIRST MANAGEMENT SOLUTIONS, LLC	

Principal Place of Business 841 NORTHEAST 33 STREET BOCA RATON, FL 33431	Mailing Address PO BOX 29-4512 BOCA RATON, FL 33429
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2. Principal Place of Business - No P.O. Box # 841 NE 33 ST	3. Mailing Address PO BOX 29-4512
Suite, Apt. #, etc. BOCA RATON, FL	Suite, Apt. #, etc. BOCA RATON, FL
City & State BOCA RATON, FL	City & State BOCA RATON, FL
Zip 33431	Country USA

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR READ, JAMES F 841 NORTHEAST 33 STREET BOCA RATON, FL 33431	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *James F. Read* **JAMES F. READ** **4/28/08** **561-395-0242**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #