

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000022873

FILED  
Apr 29, 2008  
Secretary of State

**Entity Name:** PROPERTY MANAGEMENT SOLUTIONS, L.L.C.

**Current Principal Place of Business:**

962 KERSFIELD CIRCLE  
LAKE MARY, FL 32746

**New Principal Place of Business:**

**Current Mailing Address:**

962 KERSFIELD CIRCLE  
LAKE MARY, FL 32746

**New Mailing Address:**

P.O.BOX 421896  
KISSIMMEE, FL 34741

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THOMPSON, ELIZABETH A  
900 BRUMLEY ROAD  
CHULUOTA, FL 32766 US

**Name and Address of New Registered Agent:**

THOMPSON, ELIZABETH A  
5063 WHITEWATER WAY  
ST. CLOUD, FL 34771 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: ELIZABETH THOMPSON

04/29/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: THOMPSON, ELIZABETH A  
Address: P.O. BOX 421896  
City-St-Zip: KISSIMMEE, FL 34742

Title: MGRM ( ) Delete  
Name: THOMPSON, MALCOM  
Address: P.O. BOX 421896  
City-St-Zip: KISSIMMEE, FL 34742

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ELIZABETH A. THOMPSON

MGRM

04/29/2008

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