

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000088954

FILED
Mar 05, 2008
Secretary of State

Entity Name: ASSOCIATION MANAGEMENT SOLUTIONS, LLC

Current Principal Place of Business:

11400 TURKEY CREEK BOULEVARD
ALACHUA, FL 32615

New Principal Place of Business:

11400 TURKEY CREEK BOULEVARD
POOL OFFICE
ALACHUA, FL 32615

Current Mailing Address:

783 TURKEY CREEK
ALACHUA, FL 32615

New Mailing Address:

FEI Number: 26-0809129

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUICK BOOKKEEPING AND TRAINING SERVICES, L
11206 NW 61 TERRACE
ALACHUA, FL 32615 US

Name and Address of New Registered Agent:

BEAVERS, SARAH L
11400 TURKEY CREEK BLVD
POOL OFFICE
ALACHUA, FL 32615 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: SARAH BEAVERS

03/05/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BEAVERS, SARAH L
Address: 11920 NW 74 TERRACE
City-St-Zip: ALACHUA, FL 32615

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: BEAVERS, SARAH L
Address: 11920 NW 74 TERRACE
City-St-Zip: ALACHUA, FL 32615

Title: VP () Change (X) Addition
Name: BEAVERS, THAD W
Address: 11920 NW 74 TERRACE
City-St-Zip: ALACHUA, FL 32615

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: SARAH BEAVERS

P

03/05/2008

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