


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 22, 2008 08:00 AM
Secretary of State

DOCUMENT # M01000000506
 1. Entity Name
 NET MANAGEMENT SERVICES, LLC



Principal Place of Business Mailing Address
 2545 EAST SUNRISE BLVD., SUITE #105 2545 EAST SUNRISE BLVD., SUITE #105
 FT. LAUDERDALE, FL 33304 FT. LAUDERDALE, FL 33304

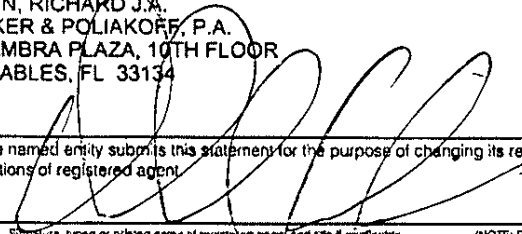


07072008No Chg-LLC CR2E083 (12/07)

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4. FEI Number 65-1079108	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 CAHAN N, RICHARD J.A.
 C/O BECKER & POLIAKOFF, P.A.
 121 ALHAMBRA PLAZA, 10TH FLOOR
 CORAL GABLES, FL 33134



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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 _____ DATE 07/10/08

Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Due by September 12, 2008

U00000955965
 07/22/08-80013-015 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VANTAGE MANAGEMENT, LTD. HUNKINS PLAZA, CHARLESTOWN NEVIS, WEST INDIES,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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.

Vantage Management Ltd. - Manager

SIGNATURE: _____ DATE 7/9/08 DAYTIME PHONE # 869 469 1333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #