

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90359 034 \*\*\*\*50.00

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03142007 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # M01000002312</b> 1. Entity Name <b>CT MANAGEMENT SERVICES, LLC</b>					
Principal Place of Business <b>4700 CORRIDOR PLACE, SUITE A BELTSVILLE, MD 20705</b>			Mailing Address <b>4700 CORRIDOR PLACE, SUITE A BELTSVILLE, MD 20705</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country			
4. FEI Number <b>52-2333400</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
--6. Name and Address of Current Registered Agent--  <b>TINI, CHARLES A 28000 BOCCACIO WAY BONITA SPRINGS, FL 34135</b>			7. Name and Address of New Registered Agent Name <b>TINI, CHARLES A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>160 CREPE MYRTLE DR</b> City <b>GROVELAND</b> FL      Zip Code <b>34736</b>		
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 <b>3-28-2007</b> <small>Signature, typed or printed name of registered agent and initial, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM TINI, CHARLES 4700 CORRIDOR PLACE, SUITE A BELTSVILLE, MD 20705</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:			<b>3-28-2007      301.595.5191</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date      Daytime Phone #</small>		