

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000000684

FILED
Feb 13, 2007
Secretary of State

Entity Name: CORPORATE EXECUTIVE STRATEGIES LLC

Current Principal Place of Business:

C/O THE SMITH COMPANIES, LTD.
225 FRIEND STREET
BOSTON, MA 02114

New Principal Place of Business:

Current Mailing Address:

C/O THE SMITH COMPANIES, LTD.
225 FRIEND STREET
BOSTON, MA 02114

New Mailing Address:

FEI Number: 20-3859434

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SMITH, CHARLES T
Address: C/O THE SMITH COMPANIES, LTD.
City-St-Zip: BOSTON, MA 02114

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

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

ADDITIONS/CHANGES:

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

Title: D () Change (X) Addition
Name: SMITH, TIMOTHY
Address: 15 ROYALSTON AVE
City-St-Zip: WINCHESTER, MA 01890

Title: D () Change (X) Addition
Name: QUINN, JOSEPH T
Address: 189 CARLTON LN.
City-St-Zip: N. ANDOVER, MA 01845

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSEPH T. QUINN

CFO

02/13/2007

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