


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L00000007877 1. Entity Name TEAMS, LLC	
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Principal Place of Business 345 CLYDE MORRIS BLVD STE 330 ORMOND BEACH, FL 32174	Mailing Address 345 CLYDE MORRIS BLVD STE 330 ORMOND BEACH, FL 32174
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04232008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3659618	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MAKOWSKI, MICHAEL K MD 345 CLYDE MORRIS BLVD SUITE 330 ORMOND BEACH, FL 32174
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**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000929583
05/21/08-80075-005 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAKOWSKI, MICHAEL K 345 CLYDE MORRIS BLVD STE 330 ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPERTUS, ALAN D 345 CLYDE MORRIS BLVD SUITE 330 ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TEN HULZEN, RICHARD D 345 CLYDE MORRIS BLVD SUITE 330 ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KENNEDY, MARK E 345 CLYDE MORRIS BLVD SUITE 330 ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/23/08 (386) 672-4232