


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 29, 2005 08:00 AM
Secretary of State

| | |
|-----------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # L00000006292 |  |
| 1. Entity Name TEAM SCOTT LLC | |

| | |
|------------------------------------------------------------------------------|------------------------------------------------------------------|
| Principal Place of Business 14307 LAUREL TR WELLINGTON FL 33414 | Mailing Address W308 57010 HWY I MUKWONAGO WI 53149 |
|------------------------------------------------------------------------------|------------------------------------------------------------------|

| | | | |
|---------------------------------------|---------|---------------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt #, etc. | | Suite, Apt #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



1st MOORE CR2E083 (10/04)

| | | | |
|----------------------------------------------------------------------------|--|----------------------------------------------------|----------|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| F & L CORP ONE INDEPENDENT DRIVE SUITE 1300 JACKSONVILLE FL 32202 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | FL | Zip Code |

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** _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

1000000203969
01/29/05-80052-006 50.00

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--------------------------------------------------|----------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | CEOS JOSEPH JAY SCOTT W308 57010 HWY I MUKWONAGO WI 53149 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | PT SCOTT, CAROLYN J. W308 57010 HWY I MUKWONAGO WI 53149 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:   **1/25/05** **262 424-7940**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #