2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE: JAH J JAY Scoti SIGNATURE AND PRED OF FRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

ANNUAL REPORT (AR)					FILED				
DOCUMENT # L0000006292 1. Entity Name					Jan 29, 2005 08:00 AM Secretary of State				
TEAM SC	COTT LLC		1		ļ		•		
Principal Plac	e of Business	Mailing Address	Mailing Address		1				
14307 LAUREL TR WELLINGTON FL 33414		W308 57010 HWY I MUKWONAGO WI 53149							
WELLINGTO	JN FL 33414	MURWONAGO WI 5312	49		"	SSIENT BIL BAITT BRILL BAI	li BBIII BBIII BBIII	MMILM MITTH 1999 WEST STITL	FD01 111 1972)
2. Principal Place of Business		3. Mailing Address		-					
Suite, Apt #, etc.		Suite, Apt #, etc.		1st MOORE CR2E083 (10/04)					
City & State		City & State	City & State		4. FEI Num	58-2548	825		plied For
Zip	Country	Zip	Country	<u>,</u>	5. Certifica	te of Status Desir	ed 🗆	\$5.00 Add	litional
	6. Name and Address of Curre	nt Registered Agent			7. Name a	nd Address of N	ew Register		
E 0	L CORP		Nan	ne					
ONI	E INDEPENDENT DRIVE		Street Address		P.O. Box Num	ber is Not Accep	table)		
	TE 1300 CKSONVILLE FL 32202			····		****			
			City					FL Zip Code	e
	named entity submits this statement tions of registered agent.	for the purpose of changing its r	registered offic	e or register	red agent, or t	ooth, in the State	of Florida. I	am familiar with,	and accept
_	lions of registered agent.			-					
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable (NCTE	Registered Agent	ignature required	d when reinstating)	Lacas	, DA		
			W!!! FEE!			01/29/05	0203969 -80052-	; -006 50.00	1
		Make Check Payable Due	By May 1,		nt of State				•
9.	MANAGING MEM	BERS/MANAGERS	10.			ADDITIO	ONS/CHANG	GES .	<u> </u>
TITLE	CEOS	☐ Delete	TITLE		-			☐ Change	☐ Addition
NAME STREET ADDRESS	JOSEPH JAY SCOTT		NAME STREET ADDR	ess l					
CITY-ST-ZIP	MUKWONAGO WI 53149		CLTY-ST-ZIP				<u> </u>		
MCE	PT	☐ Delete	THTE					☐ Change	☐ Addition
NAME STREET ADDRESS	SCOTT, CAROLYN J. W308 57010 HWY I		NAME STREET ADDR	22					
CITY-ST-ZIP	MUKWONAGO WI 53149		CHY-ST-ZIP						, ess.s *
TITLE		☐ Delete	HITE					Change	Addition
NAME STREET ADDRESS			NAME STREET ADDR	ice .					
CITY ST-ZIP			CITY-ST-ZIP	.36					
TITLE		Delete	TiTU 6					☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADDR	:00					
CITY-ST-ZIP			CITA-SI-SIB	:55					
TITLE		☐ Delete	THTLE			·		☐ Change	Addition
NAME			NAME				•		
STREEF ADDRESS CITY - ST-ZIP			STREET ADDR	.22					
TITLE	<u> </u>	☐ Delete	Trile					☐ Change	Addition
NAME		T Delan	NAME					□ ouanâs	T Vanagai
STREET ADDRESS			STREET AODR	98					
CITY - ST - ZID		<u></u>	_ (111-S) ZP						<u> </u>
indicatéd	certify that the information supplied w I on this report is true and accurate a ability company or the receiver or trus	nd that my signature shall have th	he same legal	effect as if n	nade under oa	ath, that I am a m	ites, I further lanaging me	certify that the ir imber or manage	ntormation or of the

262 424-7940 Daytime Phone #