


2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000007877 1. Entity Name TEAMS, LLC	
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Principal Place of Business 802 STERTHAUS AVENUE, SUITE C ORMOND BEACH, FL 32174	Mailing Address 802 STERTHAUS AVENUE, SUITE C ORMOND BEACH, FL 32174
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02232004No Chg-LLC CR2E083 (10/03)

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4. FEI Number 59-3659618	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MAKOWSKI, MICHAEL K MD
802 STERTHAUS AVENUE, SUITE C
ORMOND BEACH, FL 32174

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

Filing Fee is \$50.00
Due by May 1, 2004

U000000067640
02/27/04-80008-008 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY ST ZIP	MGR MAKOWSKI, MICHAEL K 802 STERTHAUS AVE., SUITE C ORMOND BEACH, FL 32174
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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: Michael K Makowski MD 2/23/04 3886724244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE MANAGER Daytime Phone #