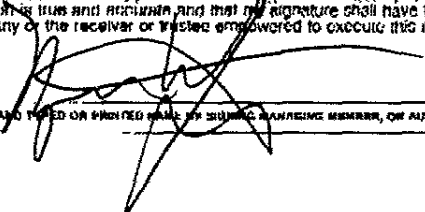


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT****FILED**
Jul 10, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000009045												
1. Entity Name TEAM DEVELOPMENT, LLC												
Principal Place of Business 523 S. WASHINGTON BLVD. SARASOTA, FL 34236		Mailing Address 523 S. WASHINGTON BLVD. SARASOTA, FL 34236										
DO NOT WRITE IN THIS SPACE												
		 07052007No Chg-LLC CR2E083 (11/05) 4. FEI Number 02-0597247 5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required Applied Fee Not Applicable										
6. Name and Address of Current Registered Agent SHERR, S SY 523 S. WASHINGTON BLVD. SARASOTA, FL 34236		DO NOT WRITE IN THIS SPACE										
8. The above named entity authorizes this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. I am authorized with and accept the obligations of registered agent. SIGNATURE _____ Signature typed or printed name of registered agent and this is applied to (If the Registered Agent signature is attached when necessary) DATE												
Filing Fee is \$50.00 Due by September 14, 2007												
9. MANAGING MEMBERS/MANAGERS <table border="1"> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>MGR SHERR, S SY 523 S. WASHINGTON BLVD. SARASOTA, FL 34236</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>MGR MEIZGER, MYRON 523 S. WASHINGTON BLVD. SARASOTA, FL 34236</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHERR, S SY 523 S. WASHINGTON BLVD. SARASOTA, FL 34236	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEIZGER, MYRON 523 S. WASHINGTON BLVD. SARASOTA, FL 34236	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 return 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:  7/15/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE												

U00000767683
07/10/07-80014-011 50.00**DO NOT WRITE
IN THIS SPACE**