APR-17-2008 11:40 From:SY SHERR 9413883677

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May 02, 2008 8:00 am
Secretary of State
05-02-2008 90026 033 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000009045

1. Entity Name
TEAM DEVELOPMENT, LLC

60038503

Principal Place of Business	Mailing Address
523 S. WASHINGTON BLVD. SARASOTA, FL 34236	523 S. WASHINGTON BLVD. SARASOTA, FL 34236

DO NOT WRITE IN THIS SPACE

04172008 No Chg-LLC CR2F083 (12/07)

4. FEI Number
02-0587247

Applied For
Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SHERR, S. SY
523 S. WASHINGTON BLVD
SARASOTA, FL 34236

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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, type or printed name of registered agent and title if applicable.) *NOTE: Registered Agent signature required when reinstated. (Date)

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SHERR, S. SY
STREET ADDRESS	523 S. WASHINGTON BLVD.
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	MGR
NAME	METZGER, MYRON
STREET ADDRESS	523 S. WASHINGTON BLVD.
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 exemption 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: _____ 4/30/08 1-941-955-4114
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #