

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90276 010 ****50.00

DOCUMENT # L01000022535

1. Entity Name
THE PROPERTY SOLUTION TEAM LLC



Principal Place of Business Mailing Address

6186 WINDING LAKE DRIVE **6186 WINDING LAKE DRIVE**
JUPITER, FL 33458 US **JUPITER, FL 33458 US**

DO NOT WRITE IN THIS SPACE



02192007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 30-0026549	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COX, SCOTT C
6186 WINDING LAKE DRIVE
JUPITER, FL 33458

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COX, SCOTT C 6186 WINDING LAKE DR. JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COX, CARRIE L 6186 WINDING LAKE DR. JUPITER, FL 33458
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 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:  **MANAGING MEMBER** **2/19/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #