
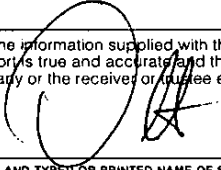


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90016 029 ***138.75

DOCUMENT # L02000006250 1. Entity Name THE AMERICAN TOP TEAM, L.L.C.					
Principal Place of Business 2419 E. COMMERCIAL BLVD. SUITE 100 FT. LAUDERDALE, FL 33308			Mailing Address 2419 E. COMMERCIAL BLVD. SUITE 100 FT. LAUDERDALE, FL 33308		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 03-0462991	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BLODIG, GREGORY J 100 W. CYPRESS CREEK ROAD SUITE 700 FT. LAUDERDALE, FL 33309				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAMBERT, DANIEL		NAME		
STREET ADDRESS	2419 E. COMMERCIAL BLVD, STE 100		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33308		CITY-ST-ZIP		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LIBORIO, RICARDO		NAME		
STREET ADDRESS	2419 E. COMMERCIAL BLVD, STE 100		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33308		CITY-ST-ZIP		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SILVERIA, MARCELLO		NAME		
STREET ADDRESS	2419 E. COMMERCIAL BLVD, STE 100		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33308		CITY-ST-ZIP		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SILVERIA, MARCUS		NAME		
STREET ADDRESS	2419 E. COMMERCIAL BLVD.		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33308		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			4-30-08 954-630-9449		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		