

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000006525

FILED
Apr 13, 2004
Secretary of State

Entity Name: FLORIDA TEAM MANAGEMENT, LLC

Current Principal Place of Business:

16791 SE HWY 42
WEIRSDALW, FL 32195

New Principal Place of Business:

16791 SE HWY 42
WEIRSDALE, FL 32195

Current Mailing Address:

16791 SE HWY 42
WEIRSDALE, FL 32195

New Mailing Address:

FEI Number: 37-1424693 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE MAN, TIMOTHY M ESQ.
16791 SE HWY 42
WEIRSDAL, FL 32195

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: NILSEN, JIMMY
Address: 1479 SELBYDON WAY
City-St-Zip: WINTER GARDEN, FL 34787

Title: MGR () Delete
Name: FLORIDA REALTY LLC,
Address: 16791 SE HIGHWAY 42
City-St-Zip: WEIRDSALE, FL 32195

Title: MGR () Delete
Name: NILSEN, NICKY
Address: 1479 SELBYDON WAY
City-St-Zip: WINTER GARDEN, FL 34787

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: DEMAN, TRINIDAD
Address: 16791 SE HIGHWAY 42
City-St-Zip: WEIRDSALE, FL 32195

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: DEMAN, TIMOTHY
Address: 16791 SE HWY 42
City-St-Zip: WEIRSDALE, FL 32195

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: TIMOTHY DE MAN

MGR

04/13/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date