

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000006525

FILED  
Mar 11, 2005  
Secretary of State

Entity Name: FLORIDA TEAM MANAGEMENT, LLC

**Current Principal Place of Business:**

16791 SE HWY 42  
WEIRSDALE, FL 32195

**New Principal Place of Business:**

**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 US

**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: DEMAN, TRINIDAD  
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: MGR ( ) Delete  
Name: DEMAN, TIMOTHY  
Address: 16791 SE HWY 42  
City-St-Zip: WEIRSDALE, FL 32195

**ADDITIONS/CHANGES:**

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

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

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

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

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 P DE MAN

MR

03/11/2005

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