

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000006525

FILED
Feb 28, 2006
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:

DE MAN, TIMOTHY P
16791 SE HWY 42
WEIRSDAL, FL 32195 US

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: TIMOTHY P DE MAN

02/28/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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: WEIRSDALE, 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 Chapter 119, 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

D

02/28/2006

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