

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000006525

FILED
Apr 29, 2008
Secretary of State

Entity Name: FLORIDA TEAM MANAGEMENT, LLC

Current Principal Place of Business:

1428 SUNRISE PLAZA DRIVE
SUITE 4
CLERMONT, FL 34714

New Principal Place of Business:

Current Mailing Address:

1428 SUNRISE PLAZA DRIVE
SUITE 4
CLERMONT, FL 34714

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:

NILSEN, JIMMY O
1428 SUNRISE PLAZA DRIVE
SUITE 4
CLERMONT, FL 34714 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/MANAGERS:

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

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

ADDITIONS/CHANGES:

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 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: JIMMY NILSEN

PD

04/29/2008

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