

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000006525

FILED  
Apr 13, 2009  
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:**

1479 SELBYDON WAY  
WINTER GARDEN, FL 34787

FEI Number: 37-1424693

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**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

PRES

04/13/2009

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