


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90079 004 ****50.00

DOCUMENT # L02000015035 1. Entity Name TEAM SCM, L.L.C.					
Principal Place of Business 2013 PINE ISLAND CIRCLE DESTIN, FL 32550			Mailing Address P.O. BOX 6861 DESTIN, FL 32550		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 200 BROAD STREET, 3RD FLOOR SUITE B City & State GADSDEN, ALABAMA Zip Country 35901-3714 ETOWAH			
City & State		4. FEI Number 03-0466365		Applied For <input type="checkbox"/> Not Applicable	
Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		01122004 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent HAVENS, JASON E 36468 EMERALD COAST PARKWAY STE. 2110 DESTIN, FL 32541			7. Name and Address of New Registered Agent Name: <u>DARVIE J KUNNELS II</u> Street Address (P.O. Box Number is Not Acceptable): <u>4399 COMMONS DRIVE EAST SUITE 300</u> City: <u>DESTIN</u> FL Zip Code: <u>32541</u>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE: _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORTON, CLAIBORNE B III 2013 PINE ISLAND CIRCLE DESTIN, FL 32550	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>[Signature]</u> Date: <u>1/30/04</u> Daytime Phone #: _____					