2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Mar 07, 2005 8:00 am Secretary of State DOCUMENT # L03000012374 1. Entity Name 03-07-2005 90055 046 ***150.00 A TEAM REAL ESTATE, LLC Principal Place of Business Mailing Address 1445 BAY SHORE DRIVE 1445 BAY SHORE DRIVE COCOA BEACH FL 32931 COCOA BEACH FL 32931 2. Principal Place of Business 3. Mailing Address 20 COUS 20 COVE 1st MOORE CR2E083 (10/04) City & State City & State 4. FEI Number Applied For 20-0009877 Not Applicable TOA. Country とし \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SOUTHWEST 22 STREET 4TH FLOOR **MIAMI FL 33145** City Zip Code 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE MGR Delete Addition CREWS LUCITLE G 20 COVE VIEW OF COCOA BEACH, F. 3293 NAME CREWS, LUCILLE G 1445 BAY SHORE DRIVE STREET ADDRESS STREET ADDRESS COCOA BEACH FL 32931 CITY-ST-ZIP CITY-ST-7IP TITLE MGR ☐ Detete TITLE ☐ Addition CREWS, DONAID 1 CREWS, DONALD R NAME NAME 20 COVE VIEW STREET ADDRESS 1445 BAY SHORE DRIVE STREET ADDRESS COCOA BEACH, FI 329 CITY-ST-ZIP COCOA BEACH FL 32931 CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 truetee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED

SIGNATURE SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE