

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 22, 2006 8:00 am
Secretary of State

05-22-2006 90209 031 ****50.00

DOCUMENT # L03000027389

1. Entity Name
TEAM TAMPA BAY MA, LLC



Principal Place of Business
**4320 67TH WAY NORTH
SAINT PETERSBURG, FL 33709**

Mailing Address
**2609 47TH AVE. N.
ST. PETERSBURG, FL 33714**

2004615Z

2. Principal Place of Business
363 Westwinds

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052006 Chg-LLC CR2E083 (11/05)

City & State
PALM HARBOR, FL

City & State

4. FEI Number
90-0111650

Applied For
Not Applicable

Zip
34683

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WESA, BARB
4320 67TH WAY NORTH
SAINT PETERSBURG, FL 33709**

Name
Lisa Tolbert

Street Address (P.O. Box Number is Not Acceptable)

363 Westwinds

City
PALM HARBOR

FL

Zip Code
34683

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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
WESA, BARB
4320 67TH WAY NORTH
SAINT PETERSBURG, FL 33709** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BLACK, BETH
8227 DANUBIAN PLACE
TRINITY, FL 34655** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR Lisa Tolbert
363 Westwinds
PALM HARBOR, FL 34683** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

[Signature]
5/16/06 727-409-4946
Date Daytime Phone #