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Secretary of State
03-08-2007 90188 007 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000028735

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1. Entity Name
TEABERRY, LLC

Principal Place of Business	Mailing Address
3912 S. CONGRESS AVE. LAKE WORTH, FL 33461	3912 S. CONGRESS AVE. LAKE WORTH, FL 33461

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
10800 Sikes Place	10800 Sikes Place
Suite, Apt. #, etc Suite 330	Suite, Apt. #, etc Suite 330
City & State Charlotte NC	City & State Charlotte NC
Zip 28277 Country US	Zip 28277 Country US

02242007 Chg-LLC CR2E083 (12/06)

4. FEI Number
56-238 02 Applied For ☐ Not Applicable ☐

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
REALE JOSEPH 3912 S. CONGRESS AVE. LAKE WORTH, FL 33461	Name Cary Sabol Street Address (P.O. Box Num. Acceptable) 101 N J Street Ste 2 City Lake Worth FL Zip Code 33460

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 _____ DATE 2/27/07
(Signature required only when registered agent is changed. NOTE: Registered Agent signature required when reinstating.)

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	MGR REALE, JOSEPH 3912 S CONGRESS AVENUE LAKE WORTH, FL 33461	☐ Delete	MGR Reale, Joseph 10800 Sikes Place, Ste 330 Charlotte, NC 28277	☒ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ 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: J.R. Reale 2/27/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #