


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Oct 01, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90412 011 \*\*\*\*50.00

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<b>DOCUMENT # L03000032621</b>	
1. Entity Name <b>TEAM DRAIN SYSTEM, LLC</b>	

Principal Place of Business <b>6930 ANGUS VALEY DRIVE WESLEY CHAPEL, FL 33544 US</b>	Mailing Address <b>6930 ANGUS VALEY DRIVE WESLEY CHAPEL, FL 33544 US</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03152004 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>04-3768607</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>WELLS, BRYANT 6930 ANGUS VALEY DRIVE WESLEY CHAPEL, FL 33544</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2004</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>MGM WELLS, BRYANT 6930 ANGUS VALEY DRIVE WESLEY CHAPEL, FL 33544</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <i>Bryant Wells</i> Mgr.	Date: <b>3-15-04</b>	Daytime Phone #: <b>813-323-3562</b>
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Attachment  
34610d44

FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State

April 22, 2004

TEAM DRAIN SYSTEM, LLC  
6930 ANGUS VALEY DRIVE  
WESLEY CHAPEL, FL 33544 US

Subject: **TEAM DRAIN SYSTEM, LLC**

Reference Number: **L03000032621**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

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If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/RJ  
ANNUAL REPORTS SECTION