

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000037297

FILED  
Aug 09, 2004  
Secretary of State

Entity Name: TAGTEAM CREATIONS, LLC

**Current Principal Place of Business:**

1117 S. PALMWAY  
LAKE WORTH, FL 33460

**New Principal Place of Business:**

**Current Mailing Address:**

1117 S. PALMWAY  
LAKE WORTH, FL 33460

**New Mailing Address:**

FEI Number: 13-4266460

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD, #221E  
PALM BEACH GARDENS, FL 33410 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: ARCHIMEDE LACY, LINA  
Address: 1117 S. PALMWAY  
City-St-Zip: LAKE WORTH, FL 33460

Title: MGRM ( ) Delete  
Name: ARCHIMEDE, ANNA MARIA  
Address: 1117 S. PALMWAY  
City-St-Zip: LAKE WORTH, FL 33460

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ARCHIMEDE LACY, LINA CEO  
Address: 1117 S. PALMWAY  
City-St-Zip: LAKE WORTH, FL 33460

Title: MGRM (X) Change ( ) Addition  
Name: ARCHIMEDE, ANNA MARIA PRES.  
Address: 1117 S. PALMWAY  
City-St-Zip: LAKE WORTH, FL 33460

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: LINA ARCHIMEDE LACY

CEO

08/09/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date