2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000037836

Entity Name: TEAM DILLON, LLC

Current Principal Place of Business:

1180 GULF BLVD.
1603
CLEARWATER, FL 33767   US

New Principal Place of Business:

11145 N. DOUGLAS RD.
RIVERDALE, MI 48877   US

Current Mailing Address:

1180 GULF BLVD.
1603
CLEARWATER, FL 33767   US

New Mailing Address:

11145 N. DOUGLAS RD.
RIVERDALE, MI 48877   US

FEI Number: 20-0273418   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

DILLON, PHILLIP M
1180 GULF BLVD.
1603
CLEARWATER, FL 33767 US

Name and Address of New Registered Agent:

DILLON, PHYLLIS L
11145 N. DOUGLAS RD
RIVERDALE, FL 48877   US

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: PHYLLIS L. DILLON   04/28/2008

                    Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM   ( ) Delete
Name: DILLON, PHILLIP M
Address: 1180 GULF BLVD. #1603
City-St-Zip: CLEARWATER, FL 33767 US

Title: MGR   (X) Delete
Name: DILLON, PHYLLIS L
Address: 1180 GULF BLVD. #1603
City-St-Zip: CLEARWATER, FL 33767

ADDITIONS/CHANGES:

Title: MGRM   (X) Change ( ) Addition
Name: DILLON, PHYLLIS L
Address: 11145 N. DOUGLAS RD.
City-St-Zip: RIVERDALE, MI 48877 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PHYLLIS L. DILLON   MGRM   04/28/2008

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