


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90023 026 \*\*\*\*50.00

<b>DOCUMENT # L03000043311</b> 1. Entity Name <b>TEAM 3, LLC</b>					
Principal Place of Business <b>4303 1ST STREET EAST #300 BRADENTON, FL 34208 US</b>			Mailing Address <b>4303 1ST STREET EAST #300 BRADENTON, FL 34208 US</b>		
2. Principal Place of Business <b>109 44TH AVE E. Suite, Apt. #, etc. #300</b>		3. Mailing Address <b>109 44TH AVE E Suite, Apt. #, etc. #300</b>			
City & State <b>BRADENTON, FL</b>		City & State <b>BRADENTON, FL.</b>		4. FEI Number <b>51-0488063</b>	
Zip <b>34203</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WARRENDER, JAMES 4303 1ST STREET EAST #300 BRADENTON, FL 34208</b>				7. Name and Address of New Registered Agent Name <b>WARRENDER, JAMES</b> Street Address (P.O. Box Number is Not Acceptable) <b>8612 53RD AVE W.</b> City <b>BRADENTON</b> FL Zip Code <b>34210</b>	
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 <u><i>J. Warrender</i></u> <b>JAMES WARRENDER</b> <b>4-17-06</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>WARRENDER, JAMES &amp; JULIE</b> <b>8612 53RD AVENUE WEST</b> <b>BRADENTON, FL 34210</b> <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	MGRM <b>WALLACE, LELAND &amp; KATHE</b> <b>103 47TH STREET CT NW</b> <b>BRADENTON, FL 34209</b> <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	MGRM <b>PEPKA, RONALD G</b> <b>13506 4TH AVENUE NORTHEAST</b> <b>BRADENTON, FL 34212</b> <input checked="" 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	MGRM <b>PEPKA, CATHERINE A</b> <b>13506 4TH AVENUE NORTHEAST</b> <b>BRADENTON, FL 34212</b> <input checked="" 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 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.					
<b>SIGNATURE: <i>J. Warrender</i> JAMES WARRENDER 4-17-06 941-792-2000</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					