2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2006
Secretary of State

DOCUMENT# L03000051280

Entity Name: THE A TEAM SERVICES, L.L.C.

Current Principal Place of Business:

17626 ORANGE DRIVE
SPRING HILL, FL 34610

New Principal Place of Business:

Current Mailing Address:

POB 1252
LAND O LAKES, FL 34639 US

New Mailing Address:

FEI Number: 75-3141868 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOUTWELL, N JEAN
9860 HORIZON DRIVE
SPRING HILL, FL 34608 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/MANAGERS:

Title: MGR (X) Delete
Name: NELSON, B C
Address: 17626 ORANGE DRIVE
City-St-Zip: SPRING HILL, FL 34610 US

Title: MGRM ( ) Delete
Name: NELSON, LILLY E
Address: 17626 ORANGE DRIVE
City-St-Zip: SPRING HILL, FL 34610 US

Title: MGRM ( ) Delete
Name: ALLEN, CHARLES W
Address: 17626 ORANGE DRIVE
City-St-Zip: SPRING HILL, FL 34610 US

ADDITIONS/CHANGES:

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

Title: MGM (X) Change ( ) Addition
Name: NELSON, LILLY E
Address: 17626 ORANGE DRIVE
City-St-Zip: SPRING HILL, FL 34610 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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: LILLY E NELSON MGM 02/27/2006

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