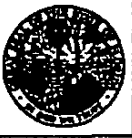


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Jun 16, 2005 8:00 am
Secretary of State

04-11-2005 90044 018 ****50.00

DOCUMENT # L04000052398			
1. Entity Name TEAM JEFF L.L.C.			
Principal Place of Business 9400 GLADIOLUS, SUITE 100 FT. MYERS, FL 33908		Mailing Address 9400 GLADIOLUS, SUITE 100 FT. MYERS, FL 33908	
2. Principal Place of Business 1113 ESTERO BLVD		3. Mailing Address SAME	
Suite, Apt. #, etc. # 13 # 14 # 15		Suite, Apt. #, etc.	
City & State FT. MYERS, BEACH, FL		City & State	
Zip 33931	Country LEE	Zip	Country
4. FEI Number 20-1377114		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JORDAN, JEFF 9400 GLADIOLUS, SUITE 100 FT. MYERS, FL 33908		7. Name and Address of New Registered Agent Name BO COATES Street Address (P.O. Box Number is Not Acceptable) 1113 ESTERO BLVD UNIT # 13-14-15 City FT. MYERS BEACH FL Zip Code 33931	
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 		DATE	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JORDAN, JEFF 9400 GLADIOLUS, SUITE 100 FT. MYERS, FL 33908 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BO COATES 1113 ESTER BLVD # 13-14-15 FT. MYERS BEACH, FL 33931 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: 		03-25-05 239-878-7809	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	