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

03262005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
1113 ESTERO BLVD	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: Jeff Jordan
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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: Jeff Jordan & Bo Coates 03-25-05 239-878-7809
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #