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2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000061675

1. Entity Name
TEAM EQUITY ASSET MANAGEMENT, LLC



Principal Place of Business
701 WEST CYPRESS CREEK ROAD
SUITE 302
FT. LAUDERDALE, FL 33309

Mailing Address
701 WEST CYPRESS CREEK ROAD
SUITE 302
FT. LAUDERDALE, FL 33309

FILED
06 MAY -3 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01032006 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
83-0430257

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KODSI LAW FIRM, P.A.
701 WEST CYPRESS CREEK ROAD
SUITE 302
FT. LAUDERDALE, FL 33309

**DO NOT WRITE
IN THIS SPACE**

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 _____

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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	KODSI, ISAAC
STREET ADDRESS	701 WEST CYPRESS CREEK ROAD, SUITE 302
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309

TITLE	
NAME	
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CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #