

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90043 037 ****55.00

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1. Entity Name
TEAMVEST LLC



Principal Place of Business
**8170 CUMBERLAND GAP TRAIL
JACKSONVILLE, FL 32244**

Mailing Address
**8170 CUMBERLAND GAP TRAIL
JACKSONVILLE, FL 32244**



03082006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1834872

Applied For
Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TAYLOR, DEBORAH
3945 ST JOHNS AVENUE
JACKSONVILLE, FL 32205**

**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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM INGRAM, SONJA 8170 CUMBERLAND GAP TRAIL JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PENSCO TRUST CO CUST FBO MARY FEENEY <i>QUINN-</i> 10878 SCOTT MILL ROAD JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PENSCO TRUST CO CUST FBO JOHN FEENEY 10878 SCOTT MILL ROAD JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PENSCO TRUST CO CUST FBO RICHARD A. ELBRACHT 1557 GREENRIDGE CIRCLE W. JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: *S Ingram*

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

4/21/06

Date

904 334-6701

Daytime Phone #