2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 19, 2005 8:00 am Secretary of State

Change

Addition

					•/		
DOCUMENT # L04000087218 1. Entity Name TEAM MANAGEMENT, L.L.C.				04-19-2005 90	015 032 ****50.00)	
Principal Place of Busines	:s	Mailing Address		······································			
13404 S.W. 104TH LANE		13404 S.W. 104TH LANE		2002761	20037619		
DUNNELLON, FL 34432		DUNNELLON, FL 34432		2003101	20031013		
						1 1831	
2 Principal Place of Rusiness 2 Mailing Address		T = 14 11: 11 1	1				
2. Principal Place of Business		3. Mailing Address			81 0 3 10111 3 010 8100 81		
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
date, Apr. #, etc.		duke, Apt. #, o.c.		03012005 Chg-LLC	CR2E083 (10/03)		
City & State		City & State		4. FEI Number	Applied	For,	
		0.0, 2.000		04-3801578	Not Ap	plicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$5.00 Addition	al	
			<u> </u>	3. Certificate of Status Desired	Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Reg	Istered Agent		
		Name			<u></u>		
LOTT, LAWRENCE		Street A	Street Address (P.O. Box Number is Not Acceptable)				
13404 S.W. 104TH LANE DUNNELLON, FL 34432							
DONNELLON, FL 34432							
		*	City	E			
				- ·			
		or the purpose of changing its	registered office o	registered agent, or both, in the State of Florid	la. I am familiar with, and	accept	
the obligations of regis	itereu agent.						
SIGNATURE	d or printed name of registered agent	and title if annihable (MOT	Occident Access	ure required when reinstating)	DATE		
Signatore, type	or printed hashe di registaled again	and the ii applicable. (NOTE	negisiai au Agail sigila	nie iednisen wiei Leureranisti.			
j							
Filing Fee	is \$50.00			Make c	· · · · · · · · · · · · · · · · · · ·		
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Due by Ma	is \$50.00 y 1, 2005 MANAGING MEMBE	RS/MANAGERS	East of the second of the seco	ADDITIONS/CF	check payable to department of State		
9.	y 1, 2005	ERS/MANAGERS Delete	10.	ADDITIONS/CH	check payable to epartment of State	Addition	
9. TITLE NAME	y 1, 2005		TITLE (A.C. NAME	ADDITIONS/CH	check payable to epartment of State	Addition	
9. TITLE NAME STREET ADDRESS	y 1, 2005		10. TITLE NAME STREET ADDRESS	HERM LOTT, LAWRENCE M. 13404 S.W. 104 LANE	check payable to lepartment of State ⊰ANGES	Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	y 1, 2005	Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CH	check payable to Department of State HANGES	Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	y 1, 2005		10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	HERM LOTT, LAWRENCE M. 13404 S.W. 104 LANE	check payable to department of State HANGES	Addition Addition	
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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.

TITLE

NAME

STREET ADDRESS

CITY - ST- ZIP ---

Delete

TITLE,

NAME

STREET ADDRESS

SIGNATURE: M. Jeff Mensber 4-11-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Departs Phone #