

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000088864**

1. Entity Name  
**TEAM IP SPORTS, LLC**



Principal Place of Business  
**1756 SE SOUTH NIEMEYER CIR  
PORT ST LUCIE, FL 34952**

Mailing Address  
**1756 SE SOUTH NIEMEYER CIR  
PORT ST LUCIE, FL 34952**



03082007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**38-3713130**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SPARKS, RANDALL L  
338 SW LUCERO DR  
PORT ST LUCIE, FL 34983**

**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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
SPARKS, RANDALL L  
338 SW LUCERO DR  
PORT ST LUCIE, FL 34983**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
SPARKS, ANDREW J  
6001 NW TELFORD AVE  
PORT ST LUCIE, FL 34983**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
SPARKS, BRADALL E  
5809 BIRCH DR  
FT PIERCE, FL 34982**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
SPARKS, MARY LOU  
2503 CHESTEFIELD DR  
FT PIERCE, FL 34982**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000748244  
05/17/07-80058-021 55.00

**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:** *Elizabeth M Spangler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*4/27/07* *772-408-5073*  
Date Daytime Phone #