2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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Jun 01, 2006 8:00 am
Secretary of State
05-01-2006 90042 019 ****55.00

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1st MOORE CR2E083 (10/05)

DOCUMENT # L05000021872

1. Entity Name
MICHAEL E TEEMS L.L.C.

Principal Place of Business	Mailing Address
593 HARTLEY LANE DELTONA FL 32725	593 HARTLEY LANE DELTONA FL 32725

2. Principal Place of Business	3. Mailing Address
Same as above	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number EIN 75-3209624 [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TEEMS, MICHAEL E 593 HARTLEY LANE DELTONA FL 32725	Name: Same Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TEEMS, MICHAEL E 593 HARTLEY LANE DELTONA FL 32725 [ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Michael Teems 5/27/06 321-239-4486
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #