

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90420 013 ****50.00

DOCUMENT # L05000049240 1. Entity Name FLORIDA HOME TEAM, LLC					
Principal Place of Business 2080 TOCOBAGA LANE NOKOMIS, FL 34275			Mailing Address 2080 TOCOBAGA LANE NOKOMIS, FL 34275		
2. Principal Place of Business 2127 Calusa Lakes Blvd Suite, Apt. #, etc. Nokomis, FL City & State 34275 Sarasota Zip Country		3. Mailing Address 2127 Calusa Lakes Blvd Suite, Apt. #, etc. Nokomis, FL City & State 34275 Sarasota Zip Country			
02222006 Chg-LLC CR2E083 (11/05)				4. FEI Number 20-2848906	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ASK, JOHN R 2080 TOCOBAGA LANE NOKOMIS, FL 34275			7. Name and Address of New Registered Agent Name John R. Ask Street Address (P.O. Box Number is Not Acceptable) 2127 Calusa Lakes Blvd City Nokomis FL Zip Code 34275		
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 <u>John R. Ask</u> <u>John R. Ask</u> <u>2/21/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ASK, JOHN R 2080 TOCOBAGA LANE NOKOMIS, FL 34275 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ASK, John R 2127 Calusa Lakes Blvd NOKOMIS, FL 34275 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ASK, DEBBIE R 2080 TOCOBAGA LANE NOKOMIS, FL 34275 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ASK, DEBBIE R 2127 Calusa Lakes Blvd NOKOMIS, FL 34275 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>John R. Ask</u> <u>John R. Ask</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<u>2/21/06</u> <u>941-486-0012</u> <small>Date Daytime Phone #</small>		