

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Aug 12, 2006  
Secretary of State**

DOCUMENT# L05000063137

Entity Name: I-TEAM, LLC

**Current Principal Place of Business:**

3221 STONEHURST CIRCLE  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

**Current Mailing Address:**

3221 STONEHURST CIRCLE  
KISSIMMEE, FL 34741

**New Mailing Address:**

FEI Number: 20-3133197      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

IANNONE, E. KIM  
3221 STONEHURST CIRCLE  
KISSIMMEE, FL 34741    US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM      ( ) Delete  
Name: IANNONE, E. KIM  
Address: 3221 STONEHURST CIRCLE  
City-St-Zip: KISSIMMEE, FL 34741

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: MGR      ( ) Change (X) Addition  
Name: IANNONE, JOHN C  
Address: 3221 STONEHURST CIRCLE  
City-St-Zip: KISSIMMEE, FL 34741

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: E.KIM IANNONE

MGRM

08/12/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date