
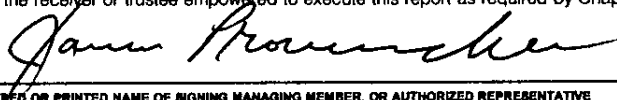


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000076102</b>		
1. Entity Name <b>TEAM WON, L.L.C.</b>		
Principal Place of Business <b>719 WINTER PARK STREET WINTER PARK, FL 32804</b>	Mailing Address <b>719 WINTER PARK STREET WINTER PARK, FL 32804</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>PROVENCHER, JAMES R 719 WINTER PARK STREET WINTER PARK, FL 32804</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		
9. MANAGING MEMBERS/MANAGERS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PROVENCHER, JAMES R 2900 N. WESTMORELAND DRIVE ORLANDO, FL 32804	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PROVENCHER, CYNTHIA S 2900 N. WESTMORELAND DRIVE ORLANDO, FL 32804	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PROVENCHER, DAVID 10104 NEWINGTON DRIVE ORLANDO, FL 32836	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PROVENCHER, WENDY 10104 NEWINGTON DRIVE ORLANDO, FL 32836	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: 		Date <b>2/10/08</b> (407) 246 0440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #



02102008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>20-3293443</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

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02/22/08-80015-003 138.75