

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000076674

FILED
Mar 10, 2006
Secretary of State

Entity Name: CONTINENTAL TEAM, L.L.C.

Current Principal Place of Business:

2700 GLADES CIRCLE
SUITE # 112
WESTON, FL 33327 US

New Principal Place of Business:

Current Mailing Address:

2700 GLADES CIRCLE
SUITE # 112
WESTON, FL 33327 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENAO, CLAUDIA
2700 GLADES CIRCLE
SUITE # 112
WESTON, FL 33327 US

Name and Address of New Registered Agent:

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:

Title: MGRM () Delete
Name: AGUALIMPIA, RAUL FELIPE
Address: 2700 GLADES CIRCLE, SUITE # 112
City-St-Zip: WESTON, FL 33327 US

Title: MGRM () Delete
Name: MONTAGUT, ANA CRISTINA
Address: 2700 GLADES CIRCLE SUITE #112
City-St-Zip: WESTON, FL 33327 US

Title: MGRM () Delete
Name: TORO ATEHORTUA, PABLO
Address: 2700 GLADES CIRCLE, SUITE #112
City-St-Zip: WESTON, FL 33327 US

Title: MGRM () Delete
Name: HENAO, CLAUDIA
Address: 2700 GLADES CIRCLE SUITE #112
City-St-Zip: WESTON, FL 33327 US

Title: MGRM () Delete
Name: TORO, CARLOS HORACIO
Address: 2700 GLADES CIRCLE SUITE # 112
City-St-Zip: WESTON, FL 33327 US

Title: MGRM () Delete
Name: ATEHORTUA, GLORIA E
Address: 2700 GLADES CIRCLE SUITE # 112
City-St-Zip: WESTON, FL 33327 US

ADDITIONS/CHANGES:

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

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

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

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

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: RAUL FELIPE AGUALIMPIA

MGRM

03/10/2006

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