2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2007
Secretary of State

DOCUMENT# L05000076674

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
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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: FELIPE AGUALIMPIA MGRM 02/23/2007

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