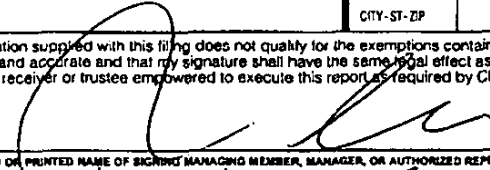


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-14-2006 90031 016 ****50.00

DOCUMENT # L05000088999 1. Entity Name TOP TEAM AFFILIATES, LLC					
Principal Place of Business 4002 DEL PRADO BLVD. CAPE CORAL, FL 33904			Mailing Address 4002 DEL PRADO BLVD. CAPE CORAL, FL 33904		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-3657224	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
5. Name and Address of Current Registered Agent HARDWICK, JO R 4002 DEL PRADO BLVD. CAPE CORAL, FL 33904				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
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 HARDWICK, JO R 4002 DEL PRADO BLVD. CAPE CORAL, FL 33904	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ROBERT A. LEE JR. 4002 DEL PRADO BLVD SOUTH CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☒ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 			4/10/06 239-540-2100		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Robert A. Lee, Jr.					