2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# L05000088999

Entity Name: TOP TEAM AFFILIATES, LLC

Current Principal Place of Business:

4002 DEL PRADO BLVD. S.
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

4002 DEL PRADO BLVD. S.
CAPE CORAL, FL 33904

New Mailing Address:

FEI Number: 20-3657224 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEE, SCOTT
4002 DEL PRADO BLVD. S.
CAPE CORAL, FL 33904 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: BKR ( ) Delete
Name: SCOTT, LEE
Address: 4002 DEL PRADO BLVD. S.
City-St-Zip: CAPE CORAL, FL 33904

Title: P ( ) Delete
Name: LEE, ROBERT A JR
Address: 4002 DEL PRADO BLVD. S.
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES:

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 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: ROBERT A. LEE, JR. P 03/23/2009

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