


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 08, 2006 8:00 am**  
**Secretary of State**

06-08-2006 90171 013 \*\*\*\*55.00

<b>DOCUMENT # L05000112544</b> 1. Entity Name <b>HOME TEAM LLC</b>																											
Principal Place of Business <b>8097 ALAM AVE</b> <b>NORTH PORT, FL 34287 US</b>		Mailing Address <b>8097 ALAM AVE</b> <b>NORTH PORT, FL 34287 US</b>																									
2. Principal Place of Business <b>3284 Mt. Hope St.</b> Suite, Apt. #, etc.		3. Mailing Address <b>3284 Mt. Hope St.</b> Suite, Apt. #, etc.																									
City & State <b>North Port FL</b> Zip <b>34287</b>		City & State <b>North Port FL</b> Zip <b>34287</b>																									
Country <b>USA</b>		Country <b>USA</b>																									
4. FEI Number <b>20-3865167</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$5.00</b> Additional Fee Required																									
6. Name and Address of Current Registered Agent  <b>LAFLAIR, TIM L</b> <b>8097 ALAM AVE</b> <b>NORTH PORT, FL 34287</b>		7. Name and Address of New Registered Agent Name <b>LaFlair, Tim L</b> Street Address (P.O. Box Number is not Acceptable) <b>3284 Mt. Hope St.</b> <b>North Port FL 34287</b> City <b>FL</b> 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 <i>Timothy L. LaFlair</i> <span style="float: right;">05/31/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																											
<b>Filing Fee is \$50.00</b> <b>Due by September 8, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">MGRM</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LAFLAIR, TIM L</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8097 ALAM AVE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>NORTH PORT, FL 34287</td> <td></td> </tr> </table>		TITLE	MGRM	<input type="checkbox"/> Delete	NAME	LAFLAIR, TIM L		STREET ADDRESS	8097 ALAM AVE		CITY - ST - ZIP	NORTH PORT, FL 34287		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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: <i>Timothy L. LaFlair</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		05/31/06 941 445-0580 <small>Date Daytime Phone #</small>																									