2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Mar 26, 2008 08:00 Al Secretary of State DOCUMENT # L05000112544 1. Entity Name HOME TEAM LLC Principal Place of Business Mailing Address 3284 MT HOPE ST 3284 MT HOPE ST NORTH PORT, FL 34287 NORTH PORT, FL-34287 03232008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3865167 Not Applicable \$5.00 Additional M 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LAFLAIR, TIM L DO NOT WRITE 3284 MT HOPE ST NORTH PORT, FL 34287 IN THIS SPACE 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE LAFLAIR, TIM L NAME 3284 MT HOPE STREET STREET ADDRESS CITY-ST-ZIP NORTH PORT, FL 34287 MGRM TITLE LEMIEUX, KELLIE NAME STREET ADDRESS 3284 MT HOPE STREET CITY-ST-ZIP NORTH PORT, FL 34287 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITI F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Jully

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

03/21/2008

941 445-0626

Date

Daytime Phone #

FILED