


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Aug 07, 2006 8:00 am**  
**Secretary of State**

08-07-2006 90111 025 \*\*\*\*50.00

|  |                                     |                     |   |  |  |
|--|-------------------------------------|---------------------|---|--|--|
| DOCUMENT # L05000116547  |                                     |                     |   |         |  |
| 1. Entity Name<br>TEAM SERVICES LLC  |                                     |                     |   |  |  |
| Principal Place of Business<br>1022 NORTH H STREET<br>LAKE WORTH, FL 33460   |                                     |                     | Mailing Address<br>1022 NORTH H STREET<br>LAKE WORTH, FL 33460    |  |  |
| 2. Principal Place of Business   |                                     | 3. Mailing Address  |   |  |  |
| Suite, Apt. #, etc.  |                                     | Suite, Apt. #, etc. |   |  |  |
| City & State   |                                     | City & State        |   | 08022006 Chg-LLC CR2E083 (11/05)   |  |
| Zip  |                                     | Country             |   | 4. FEI Number<br>20-4293036  |  |
|  |                                     |                     |   | Applied For<br>Not Applicable  |  |
|  |                                     |                     |   | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent  |                                     |                     | 7. Name and Address of New Registered Agent                       |  |  |
| CLAPPER, MICHAEL<br>1022 NORTH H STREET<br>LAKE WORTH, FL 33460  |                                     |                     | 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 reinstating) DATE _____  |                                     |                     |   |  |  |
| Filing Fee is \$50.00<br>Due by September 6, 2006  |                                     |                     |   | Make check payable to<br>Florida Department of State                                     |  |
| 9. MANAGING MEMBERS/MANAGERS   |                                     |                     | 10. ADDITIONS/CHANGES   |  |  |
| TITLE  | MGR <input type="checkbox"/> Delete | TITLE               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME   | CLAPPER, MICHAEL                    | NAME                |   |  |  |
| STREET ADDRESS   | 1022 NORTH H STREET                 | STREET ADDRESS      |   |  |  |
| CITY-ST-ZIP  | LAKE WORTH, FL 33460                | CITY-ST-ZIP         |   |  |  |
| TITLE  | <input type="checkbox"/> Delete     | TITLE               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME   |                                     | NAME                |   |  |  |
| STREET ADDRESS   |                                     | STREET ADDRESS      |   |  |  |
| CITY-ST-ZIP  |                                     | CITY-ST-ZIP         |   |  |  |
| TITLE  | <input type="checkbox"/> Delete     | TITLE               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME   |                                     | NAME                |   |  |  |
| STREET ADDRESS   |                                     | STREET ADDRESS      |   |  |  |
| CITY-ST-ZIP  |                                     | CITY-ST-ZIP         |   |  |  |
| TITLE  | <input type="checkbox"/> Delete     | TITLE               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME   |                                     | NAME                |   |  |  |
| STREET ADDRESS   |                                     | STREET ADDRESS      |   |  |  |
| CITY-ST-ZIP  |                                     | CITY-ST-ZIP         |   |  |  |
| TITLE  | <input type="checkbox"/> Delete     | TITLE               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME   |                                     | NAME                |   |  |  |
| STREET ADDRESS   |                                     | STREET ADDRESS      |   |  |  |
| CITY-ST-ZIP  |                                     | CITY-ST-ZIP         |   |  |  |
| 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>Mike Clapper</i>   |                                     |                     | 8/3/06  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |                                     |                     | Date Daytime Phone #  |  |  |