

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000116547</b>		
1. Entity Name <b>TEAM SERVICES LLC</b>		
Principal Place of Business 1022 NORTH H STREET LAKE WORTH, FL 33460		Mailing Address 1022 NORTH H STREET LAKE WORTH, FL 33460
<b>DO NOT WRITE IN THIS SPACE</b>		
		04202007 No Chg-LLC CR2E083 (11/05)
4. FEI Number <b>20-4293036</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required
6. Name and Address of Current Registered Agent		
CLAPPER, MICHAEL 1022 NORTH H STREET LAKE WORTH, FL 33460		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <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 Due by May 1, 2007</b>		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CLAPPER, MICHAEL 1022 NORTH H STREET LAKE WORTH, FL 33460	<b>DO NOT WRITE IN THIS SPACE</b>
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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: 		4-25-07
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>

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05/16/07-80052-001 50.00