
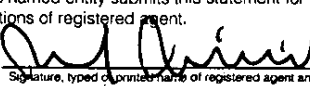
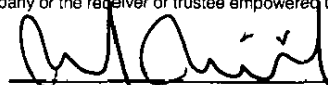


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90117 047 ***138.75

| | | | |
|--|---|---|--|
| DOCUMENT # L06000006862 1. Entity Name SEARCH TEAM, LLC | |  | |
| Principal Place of Business 6950 PHILIPS HIGHWAY, SUITE 46 JACKSONVILLE, FL 32216 | | Mailing Address 6950 PHILIPS HIGHWAY, SUITE 46 JACKSONVILLE, FL 32216 | |
| 2. Principal Place of Business - No P.O. Box # 9802 Baymeadows Rd. Suite, Apt. #, etc. Suite 12-151 | | 3. Mailing Address 9802 Baymeadows Rd. Suite, Apt. #, etc. Suite 12-151 | |
| City & State Jacksonville, FL | | City & State Jacksonville, FL | |
| Zip 32256 | Country USA | Zip 32256 | Country USA |
| 4. FEI Number NOT APPLICABLE | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MICHINOK, MARK 7701 BAYMEADOWS CIRCLE JACKSONVILLE, FL 32256 | | 7. Name and Address of New Registered Agent Name Michinok, Mark Street Address (P.O. Box Number is Not Acceptable) 116 Kildrummy Ct. City St. John's FL Zip Code 32259 | |
| 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  DATE 04/09/08 <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GIOIA, GARY G 10096 PERSIMMON HILL CT JACKSONVILLE, FL 32256 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MICHINOK, MARK 7701 BAYMEADOWS CIRCLE JACKSONVILLE, FL 32256 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MICHINOK, MARK 116 Kildrummy Ct. St. John's, FL 32259 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:  | | Date 04/09/08 Daytime Phone # 904-519-9477 | |