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Secretary of State
04-30-2007 90050 002 ****55.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000072644

1. Entity Name
TEAM SOUTH CONSTRUCTION, L.L.C.

Principal Place of Business	Mailing Address
3500 S.W. CORPORATE PARKWAY PALM CITY, FL 34990	3500 S.W. CORPORATE PARKWAY PALM CITY, FL 34990

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3500 SW CORPORATE PARKWAY	3500 SW CORPORATE PARKWAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PALM CITY FL	City & State: PALM CITY FL
Zip: 34990 Country: USA	Zip: 34990 Country: USA

03282007 Chg-LLC CR2E083 (12/06)

4. FEI Number: 20-5264317 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COEL, MARK A ESQ. 1900 GLADES ROAD, #350 BOCA RATON, FL 33431	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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING MEMBER CHARLES H. SABIN 3500 SW CORPORATE PARKWAY PALM CITY, FL 34990	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~MEMBER~~ MANAGING MEMBER ALDIS EJOS 3500 SW CORPORATE PARKWAY PALM CITY FL 34990	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~MEMBER~~ MANAGING MEMBER STEVEN C HOOKS 3500 SW CORPORATE PARKWAY PALM CITY FL 34990	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Charles H Sabin CHARLES H SABIN 4-25-2007 772-288-8400
(SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE) (Date) (Daytime Phone #)