


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L06000073832</b>	
1. Entity Name <b>ASSOCIATION BUSINESS TEAM, LLC</b>	

Principal Place of Business <b>3920 VIA DEL REY UNIT 4 BONITA SPRINGS, FL 34134 US</b>	Mailing Address <b>3920 VIA DEL REY UNIT 4 BONITA SPRINGS, FL 34134 US</b>
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04302008No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-5263027</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**DEAVERS, CHERYL L  
3920 VIA DEL REY  
UNIT 4  
BONITA SPRINGS, FL 34134**

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEAVERS, DOUGLAS J 3920 VIA DEL REY, #4 BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEAVERS, CHERYL L 3920 VIA DEL REY, #4 BONITA SPRINGS, FL 34134
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05/29/08-80078-005 138.75

**DO NOT WRITE IN THIS SPACE**

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:** Cheryl L Deavers 4/30/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #