

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90152 030 ****50.00

60004695



DOCUMENT # L06000084509 1. Entity Name OUR TEAM MGMT., LLC						
Principal Place of Business 1701 ALDEN ROAD ORLANDO, FL 32803			Mailing Address 1701 ALDEN ROAD ORLANDO, FL 32803			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 37-1531414		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required Applied For <input type="checkbox"/> Not Applicable		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
ROBINSON, MARIA E 19580 PADDOCK STREET ORLANDO, FL 32833				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 Due by May 1, 2007				Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBINSON, MARIA E			NAME		
STREET ADDRESS	19580 PADDOCK STREET			STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32733			CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EVANS, NEILL H			NAME		
STREET ADDRESS	261 SUTHERLAND CT			STREET ADDRESS		
CITY-ST-ZIP	APOPKA, FL 32712			CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREGORICH, JAMES			NAME		
STREET ADDRESS	215 LOTUS DR.			STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR, FL 34695			CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROOT, GREGORY			NAME		
STREET ADDRESS	3909 LK DRAWDY DR			STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32820			CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDERSON, JON			NAME		
STREET ADDRESS	12399 BELCHER ROAD, SUITE 110			STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 33773			CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILES, STEVE			NAME		
STREET ADDRESS	7306 WOOD KNOT CT			STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32835			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:				Date 1/18/2007 Daytime Phone # 407-832-1451		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE						