

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000084509

Entity Name: OUR TEAM MGMT., LLC

FILED
Jan 19, 2009
Secretary of State

Current Principal Place of Business:

1701 ALDEN ROAD
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

1701 ALDEN ROAD
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 37-1531414

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBINSON, MARIA E
19580 PADDOCK STREET
ORLANDO, FL 32833 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ROBINSON, MARIA E
Address: 19580 PADDOCK STREET
City-St-Zip: ORLANDO, FL 32733

Title: MGRM () Delete
Name: EVANS, NEILL H
Address: 261 SUTHERLAND CT
City-St-Zip: APOPKA, FL 32712

Title: MGRM () Delete
Name: GREGORICH, JAMES
Address: 215 LOTUS DR.
City-St-Zip: SAFETY HARBOR, FL 34695

Title: MGRM () Delete
Name: ROOT, GREGORY
Address: 3909 LK DRAWDY DR
City-St-Zip: ORLANDO, FL 32820

Title: MGRM () Delete
Name: WILES, STEVE
Address: 7306 WOOD KNOT CT
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARIA E. ROBINSON

MRS.

01/19/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date