

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90149 005 ****55.00

DOCUMENT # L06000115926

1. Entity Name
TEAMWORK, LLC



Principal Place of Business
**237 LOOKOUT PLACE
STE 150
MAITLAND, FL 32751**

Mailing Address
**237 LOOKOUT PLACE
STE 150
MAITLAND, FL 32751**

60019844



02142007 Chg-LLC CR2E083 (12/06)

4. FEI Number **16-1781392** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PETERSON, DAVID W
111 WEEPING ELM LANE
LONGWOOD, FL 32779**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE **MGRM** ☐ Delete
NAME **PETERSON, DAVID W**
STREET ADDRESS **237 LOOKOUT PLACE**
CITY-ST-ZIP **MAITLAND, FL 32751**

TITLE **MGRM** ☐ Delete
NAME **PETERSON, JUDITH M**
STREET ADDRESS **237 LOOKOUT PLACE**
CITY-ST-ZIP **MAITLAND, FL 32751**

TITLE **MGRM** ☐ Delete
NAME **CROWNOVER, MARY**
STREET ADDRESS **3803 LAKE SARAH DRIVE**
CITY-ST-ZIP **ORLANDO, FL 32804**

TITLE **MGRM** ☐ Delete
NAME **LABROT, PATRICIA**
STREET ADDRESS **971 GARDEN ST**
CITY-ST-ZIP **LONG WOOD, FL 32750**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **971 Arden ST**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *David W. Peterson* (David W. Peterson)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-20-07 (407-252-5418)
Date Daytime Phone #