2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000017889

Entity Name: THE PROPERTY TEAM LLC

Current Principal Place of Business:	**New Principal Place of Business:**
13 N DIXIE AVENUE TITUSVILLE, FL 32796 US	

Current Mailing Address:	**New Mailing Address:**
6043 LAKE POINTE DRIVE # 312 ORLANDO, FL 32822 US	

FEI Number: 20-8466295   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
LOVATO, GERALDINE A 6043 LAKE POINTE DRIVE # 312 ORLANDO, FL 32822 US	

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: **ADDITIONS/CHANGES:**

Title:	MGRM ( ) Delete	Title: ( ) Change ( ) Addition
Name:	LOVATO, GERALDINE A	Name:
Address:	6043 LAKE POINTE DRIVE # 312	Address:
City-St-Zip:	ORLANDO, FL 32822 US	City-St-Zip:
Title:	MGR ( ) Delete	Title: ( ) Change ( ) Addition
Name:	LOVATO, RICHARD R	Name:
Address:	6043 LAKE POINTE DRIVE # 312	Address:
City-St-Zip:	ORLANDO, FL 32822 US	City-St-Zip:
Title:	MGR ( ) Delete	Title: ( ) Change ( ) Addition
Name:	LOVATO, RICARDO E	Name:
Address:	6043 LAKE POINTE DRIVE # 312	Address:
City-St-Zip:	ORLANDO, FL 32822 US	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: GERALDINE A LOVATO   MRS   04/13/2008
_____
              Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date