

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000078058

FILED  
Feb 02, 2009  
Secretary of State

Entity Name: TEAM TWO PROPERTIES LLC

## Current Principal Place of Business:

1285 DEXTER RD  
NORTH PORT, FL 34288

## New Principal Place of Business:

7199 DEBRITA  
NORTH PORT, FL 34291

## Current Mailing Address:

1285 DEXTER RD  
NORTH PORT, FL 34288

## New Mailing Address:

1285 DEXTER ROAD  
NORTH PORT, FL 34288

FEI Number: 26-0623094

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MITTELSTAEDT, TONY  
1285 DEXTER RD  
NORTH PORT, FL 34288 US

## Name and Address of New Registered Agent:

MITTELSTAEDT, TONY  
7199 DEBRITA  
NORTH PORT, FL 34291 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:

02/02/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: MITTELSTAEDT, TONY  
Address: 1285 DEXTER RD  
City-St-Zip: NORTH PORT, FL 34288

Title: MGRM ( ) Delete  
Name: BURKE, MICHAEL  
Address: 1102 HYMAN AVE  
City-St-Zip: BAY SHORE, NY 11706

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: MITTELSTAEDT, TONY  
Address: 7199 DEBRITA  
City-St-Zip: NORTH PORT, FL 34291

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: TONY MITTELSTAEDT

MGR

02/02/2009

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