

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000007412

FILED
Apr 30, 2008
Secretary of State

Entity Name: TEAM 1836, L.L.C.

Current Principal Place of Business:

3075 NE, 190TH STREET
#303
AVENTURA, FL 33180

New Principal Place of Business:

18800 NE 29TH AVENUE
#418
AVENTURA, FL 33180

Current Mailing Address:

11904 MIRAMAR PARKWAY
MIRAMAR, FL 33025

New Mailing Address:

FEI Number: 65-0982339

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHARF, YLAN
3075 NE, 190TH STREET
#303
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

SCHARF, YLAN
18800 NE 29TH AVENUE
#418
AVENTURA, FL 33180 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:

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SCHARF, YLAN
Address: 3075 NE, 190TH STREET, #303
City-St-Zip: AVENTURA, FL 33180

Title: MGRM () Delete
Name: SCHARF, MARIA
Address: 3075 NE, 190TH STREET, #303
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SCHARF, YLAN
Address: 18800 NE 29TH AVENUE, #418
City-St-Zip: AVENTURA, FL 33180

Title: MGRM (X) Change () Addition
Name: SCHARF, MARIA
Address: 18800 NE 29TH AVENUE, #418
City-St-Zip: AVENTURA, FL 33180

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: YLAN SCHARF

MGRM

04/30/2008

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