
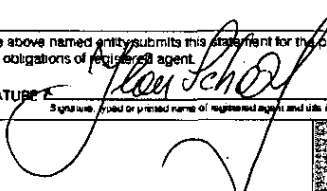



APPROVED
AND
FILED

03 MAR 27 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L99000007412			
1. Entry Name TEAM 1836, L.L.C.			
Principal Place of Business 17100 COLLINS AVENUE, SUITE 109 SUNNY ISLES BEACH, FL 33160		Mailing Address 1300 W 49TH ST SUITE 301 HIALEAH, FL 33012	
2. Principal Place of Business 1800 W, 49th ST Suite, Apt. #, etc. 301		3. Mailing Address 1800 W, 49th ST Suite, Apt. #, etc. 301	
City & State HIALEAH, FL		City & State HIALEAH, FL	
Zip 33012		Country USA	
4. FEI Number 65-0982339		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHARF, YLAN 17100 COLLINS AVENUE, SUITE 109 SUNNY ISLES BEACH, FL 33160		7. Name and Address of New Registered Agent Name SCHARF, YLAN Street Address (P.O. Box Number is Not Acceptable) 17880 NE, 31st COURT #2306 City AVENTURA FL Zip Code 33160	
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 		DATE	
<p>FILES NOW WITH FEE IS \$50.00 Main Check Payable to Florida Department of State Due By May 1, 2003</p>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHARF, YLAN 17100 COLLINS AVENUE, SUITE 109 SUNNY ISLES BEACH, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHARF, YLAN 17880 NE, 31st CT #2306 AVENTURA, FL 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHARF, MARIA 17880 NE, 31st CT, #2306 AVENTURA, FL 33160 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 606, Florida Statutes.			
SIGNATURE 		DATE 03-21-03	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone # 2305-3221147	

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