2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2005
Secretary of State

DOCUMENT# M04000004324

Entity Name: TEAM IN FOCUS, LLC

Current Principal Place of Business:

6851 DISTRIBUTION AVE. SOUTH
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

6851 DISTRIBUTION AVE. SOUTH
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 59-3687560 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CURLEY, CHARLES R JR
1301 RIVERPLACE BLVD., SUITE 1500
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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/MEMBERS:

Title: MGR ( ) Delete
Name: FAW, ROBERT D
Address: 6851 DISTRIBUTION AVE. SOUTH
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGR ( ) Delete
Name: JOYE, BARRY
Address: 6851 DISTRIBUTION AVE. SOUTH
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGR ( ) Delete
Name: FULFORD, JAMES
Address: 6851 DISTRIBUTION AVE. SOUTH
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT D. FAW MGR 04/15/2005

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