

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003709

Entity Name: ANSERTEAM, L.L.C.

FILED  
Mar 12, 2007  
Secretary of State

**Current Principal Place of Business:**

525 SW 5TH AVENUE STE A  
DES MOINES, IA 50309

**New Principal Place of Business:**

**Current Mailing Address:**

525 SW 5TH AVENUE STE A  
DES MOINES, IA 50309

**New Mailing Address:**

FEI Number: 26-0098804

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROMANOS, SUE  
10689 N KENDALL DRIVE STE 209  
MIAMI, FL 33176 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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ROMANOS, SUE  
Address: 10689 N KENDALL DRIVE STE 209  
City-St-Zip: MIAMI, FL 33176

Title: MGRM ( ) Delete  
Name: JAKEWAY, PHILIP E III  
Address: 10 E 40TH STREET STE 1300  
City-St-Zip: NEW YORK, NY 10016

Title: MGRM ( ) Delete  
Name: FREEMAN, VALERIE  
Address: 5550 LBJ FREEWAY, NO. 150  
City-St-Zip: DALLAS, TX 75240

**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 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: KRIS BARKLEY

MRS

03/12/2007

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