

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**


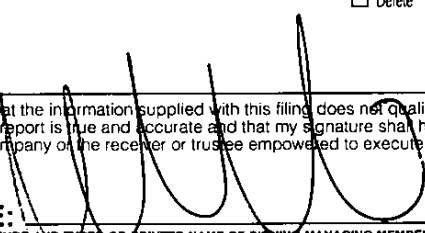
**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90074 020 \*\*\*143.75

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01282008 Chg-LLC CR2E083 (12/06)

DOCUMENT # M06000003709			
1. Entity Name ANSERTEAM, L.L.C.			
Principal Place of Business 525 SW 5TH AVENUE STE A DES MOINES, IA 50309		Mailing Address 525 SW 5TH AVENUE STE A DES MOINES, IA 50309	
2. Principal Place of Business - No P.O. Box # 544 Moon Clinton Road Suite, Apt. #, etc.		3. Mailing Address 544 Moon Clinton Road Suite, Apt. #, etc.	
City & State Moon Township PA		City & State Moon Township PA	
Zip 15108	Country USA	Zip 15108	Country USA
4. FEI Number 26-0098804		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent ROMANOS, SUE 10689 N KENDALL DRIVE STE 209 MIAMI, FL 33176		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROMANOS, SUE 10689 N KENDALL DRIVE STE 209 MIAMI, FL 33176 <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	MGRM JAKEWAY, PHILIP E III 10 E 40TH STREET STE 1300 NEW YORK, NY 10016 <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	MGRM FREEMAN, VALERIE 5550 LBJ FREEWAY, NO. 150 DALLAS, TX 75240 <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
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 exemptions contained in Chapter 119, 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 608, Florida Statutes.			
SIGNATURE: 		Date: 2/14/08 412-424-2451	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	