



**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| DOCUMENT # L00000002786<br>1. Entity Name<br>TIMESCAPE MANAGEMENT, LLC |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br>359 CAROLINA AVENUE<br>WINTER PARK, FL 32789 | Mailing Address<br>359 CAROLINA AVENUE<br>WINTER PARK, FL 32789 |
|---|---|

**DO NOT WRITE IN THIS SPACE**

|  |                                |
|--|--------------------------------|
|  |                                |
| 01042007 No Chg-LLC  | CR2E083 (11/05)                |
| 4. FEI Number<br>59-3591310  | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/>                          | \$5.00 Additional Fee Required |

**6. Name and Address of Current Registered Agent**

DOWNING, GRANT T  
222 WEST COMSTOCK AVENUE, SUITE 101  
WINTER PARK, FL 32789

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>TIMESCAPE RESORTS, LLC<br>359 CAROLINA AVENUE<br>WINTER PARK, FL 32789 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

L000000744109  
05/15/07-80136-007 50.00

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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:**  1/17/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #