


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED  
Feb 11, 2008 08:00 AM  
Secretary of State**

DOCUMENT # L00000013450  
1. Entity Name  
TIMEZONE ENTERPRISES, LLC



Principal Place of Business: 1857 DOGWOOD DR. MARCO ISLAND FL 34145  
Mailing Address: PO BOX 846 MARCO ISLAND FL 34146



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

1st MOORE GR2E083 (10/07)

4. FEI Number: 04-3589355  
Applied For: Not Applicable

5. Certificate of Status Desired:  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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's signature required when registering)

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008, Fee Will Be \$538.75  
Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P BOENING, JASON 1857 DOGWOOD DR MARCO ISLAND FL 34145 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP BOENING, NORMAN 810 CAXAMBAS DR. MARCO ISLAND FL 34145 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000824825 02/20/08-80093-024 143.75
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"/> Change <input type="checkbox"/> Addition
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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 Section 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: Jason Boening JASON BOENING 2-6-08 (239) 248-8439  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Digital Periodic