

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000041373

**FILED**  
**Jan 15, 2005**  
**Secretary of State**

**Entity Name:** CASTAWAY VENTURES, LLC

**Current Principal Place of Business:**

508 1ST AVE. S.  
TIERRA VERDE, FL 33715 US

**New Principal Place of Business:**

**Current Mailing Address:**

508 1ST AVE. S.  
TIERRA VERDE, FL 33715

**New Mailing Address:**

FEI Number: 01-0800839

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BOWLER, PATRICK  
508 1ST AVE. S.  
TIERRA VERDE, FL 33715 US

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

DOWN TIME VENTURES, LLC  
508 1ST AVE. S.  
TIERRA VERDE, FL 33715 US

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: DOWN TIME VENTURES, LLC

01/15/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: BOWLER, PATRICK  
Address: 508 1ST AVE. S.  
City-St-Zip: TIERRA VERDE, FL 33715 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: DOWN TIME VENTURES,, LLC  
Address: 508 1ST AVE. S.  
City-St-Zip: TIERRA VERDE, FL 33715 US

Title: MGRM ( ) Change (X) Addition  
Name: CRICKET'S CONSULTING, , INC.  
Address: 3315 WEST WALLCRAFT AVE  
City-St-Zip: TAMPA, FL 33611

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: PATRICK BOWLER

MGRM

01/15/2005

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