

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000007722

FILED
May 01, 2008
Secretary of State

Entity Name: OLD TIMERS LLC

Current Principal Place of Business:

42128 ROYAL TRAILS RD.
EUSTIS, FL 32736 US

New Principal Place of Business:

309 NE 9TH AVENUE
CRYSTAL RIVER, FL 34429 US

Current Mailing Address:

309 NE 9TH AVE
CRYSTAL RIVER, FL 34429 US

New Mailing Address:

309 NE 9TH AVENUE
CRYSTAL RIVER, FL 34429 US

FEI Number: 20-4328200 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301 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: GONZALEZ, CARLOS J
Address: 42128 ROYAL TRAILS RD.
City-St-Zip: EUSTIS, FL 32736 US

Title: MGRM () Delete
Name: BROWN, LUIS E
Address: 42128 ROYAL TRAILS RD.
City-St-Zip: EUSTIS, FL 32736 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GONZALEZ, CARLOS J
Address: 309 NE 9TH AVENUE
City-St-Zip: CRYSTAL RIVER, FL 34429 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CARLOS J GONZALEZ

MGRM

05/01/2008

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