
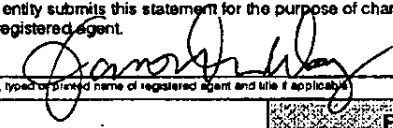
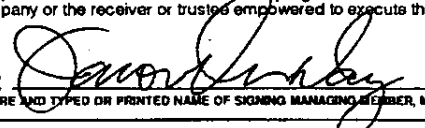


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

02-08-2005 90078 021 \*\*\*\*55.00

|   |   |   |  |
|---|---|---|--|
| DOCUMENT # M04000000199   |   |    |  |
| 1. Entity Name<br>SELLMYTIMESHARENOW, LLC   |   |   |  |
| Principal Place of Business<br>251 MAITLAND AVENUE, STE. #315<br>ALTAMONTE SPRINGS FL 32701   |   | Mailing Address<br>251 MAITLAND AVENUE, STE. #315<br>ALTAMONTE SPRINGS FL 32701   |  |
| 2. Principal Place of Business<br>251 Maitland Ave.<br>Suite, Apt. #, etc.<br>Suite # 315<br>City & State<br>Altamonte-Springs<br>Zip<br>32701  |   | 3. Mailing Address<br>251 Maitland Ave.<br>Suite, Apt. #, etc.<br>Suite # 315<br>City & State<br>Altamonte-Springs<br>Zip<br>32701    |  |
|   |   | 4. FEI Number<br>37-1471683   |  |
|   |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
|   |   | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required                                   |  |
| 6. Name and Address of Current Registered Agent<br>REIN, LUCINDA<br>251 MAITLAND AVENUE, STE. #315<br>ALTAMONTE SPRINGS FL 32701  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 re-registering)   |  |
|   |   | <p><b>FILE NOW!!! FEE IS \$50.00</b><br/> <b>Make Check Payable to Florida Department of State</b><br/> <b>Due By May 1, 2005</b></p> |  |
| 9. MANAGING MEMBERS / MANAGERS  |   | 10. ADDITIONS/CHANGES   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>TRENBLAY, JASON<br>9 BERRY LANE<br>GREENLAND NH 03840<br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR CEO<br>Jason Tremblay<br>3 Margaret Lane<br>Lee, NH 03824<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | President<br>Mark Eldridge<br>11 Merrill Dr. C5<br>Hampton, NH 03842<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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 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 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: 2/01/05 603-926-4777  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |   | Date Daytime Phone #  |  |