2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

## FILED Jan 09, 2007 08:00 AN **DOCUMENT # L04000023446** 1. Entity Name **Secretary of State** ON TIME, LLC Principal Place of Business Mailing Address 850 BELLE MEADE ISLAND 850 BELLE MEADE ISLAND MIAMI, FL 33138 MIAMI, FL 33138 01032007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 16-1696240 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PADILLA, FULGENCIO DO NOT WRITE 850 BELLE MEADE ISLAND MIAMI, FL 33138 IN THIS SPACE 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 Signature, typed or printed name of registered agent and tile if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee Is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. MGR ITILE 01/10/07-80001-025 50.00 PADILLA, FULGENCIO NAME STREET ADDRESS 850 BELLE MEADE ISLAND MIAMI, FL 33138 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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.