

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000021829

Entity Name: TIME/LEE, LLC

FILED  
Apr 30, 2007  
Secretary of State

## Current Principal Place of Business:

P.O. BOX 58118  
JACKSONVILLE, FL 322418118

## New Principal Place of Business:

701 GRAND PARKE DRIVE  
JACKSONVILLE, FL 32259 US

## Current Mailing Address:

P.O. BOX 58118  
JACKSONVILLE, FL 322418118

## New Mailing Address:

P.O. BOX 58118  
JACKSONVILLE, FL 322418118 US

FEI Number: 01-0594166

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

LEE, JAMES H  
701 GRAND PARKE DRIVE  
JACKSONVILLE, FL 32259 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: LEE, PEGGY C  
Address: P.O. BOX 58118  
City-St-Zip: JACKSONVILLE, FL 322418118

Title: MGRM ( ) Delete  
Name: LEE, JAMES H  
Address: P.O. BOX 58118  
City-St-Zip: JACKSONVILLE, FL 322418118

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: LEE, PEGGY C  
Address: P.O. BOX 58118  
City-St-Zip: JACKSONVILLE, FL 322418118 US

Title: MGRM (X) Change ( ) Addition  
Name: LEE, JAMES H  
Address: P.O. BOX 58118  
City-St-Zip: JACKSONVILLE, FL 322418118 US

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: PEGGY C LEE

MGRM

04/30/2007

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