2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2008
Secretary of State

DOCUMENT# L02000000167

Entity Name: CHECKOUT TIME, LLC

Current Principal Place of Business:

2911 W 39TH STREET , SUITE # 700
ORLANDO, FL 32839

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 555277
ORLANDO, FL 32855

New Mailing Address:

P.O. BOX 555277
ORLANDO, FL 32855 US

FEI Number: 74-3025823 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZACKERY, NATHANIEL S
3095 GRANDOLA DR
ORLANDO, FL 32811 US

Name and Address of New Registered Agent:

ZACKERY, NATHANIEL
5000 LEGACY OAKS DR
ORLANDO, FL 32839 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: NATHANIEL ZACKERY 02/07/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: PRES ( ) Delete
Name: ZACKERY, NATHANIEL JR
Address: 2911 W 39 TH STREET , SUITE #700
City-St-Zip: ORLANDO, FL 32839

Title: VP ( ) Delete
Name: ZACKERY, NATHANIEL S MEMBER
Address: 3095 GRANDOLA DR, # 1-A
City-St-Zip: ORLANDO, FL 32811

ADDITIONS/CHANGES:

Title: CEO (X) Change ( ) Addition
Name: ZACKERY, NATHANIEL S JR
Address: 5000 LEGACY OAKS DR
City-St-Zip: ORLANDO, FL 32839

Title: CFO (X) Change ( ) Addition
Name: ZACKERY, NATHANIEL S
Address: 3095 GRANDOLA DR
City-St-Zip: ORLANDO, FL 32811

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: NATHANIEL ZACKERY CEO 02/07/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date