

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000003973

Entity Name: REAL TIME SOLUTIONS, LLC

FILED  
Apr 09, 2007  
Secretary of State

## Current Principal Place of Business:

1860 BOY SCOUT DRIVE  
SUITE 207  
FORT MYERS, FL 33907

## New Principal Place of Business:

## Current Mailing Address:

1860 BOY SCOUT DRIVE  
SUITE 207  
FORT MYERS, FL 33907

## New Mailing Address:

FEI Number: 01-0606141

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

GOFF, TOMMY E  
1860 BOY SCOUT DRIVE  
SUITE 207  
FORT MYERS, FL 33907 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: KENNEDY, TOM L MGRM  
Address: 16653 TOSCANA CIRCLE #701  
City-St-Zip: NAPLES, FL 341102712 US

Title: MGRM ( ) Delete  
Name: GOFF, TOMMY E MGRM  
Address: 1801 BRANTLEY RD. #1916  
City-St-Zip: FORT MYERS, FL 33907 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: KENNEDY, TOM L MGRM  
Address: 16766 PRATO WAY  
City-St-Zip: NAPLES, FL 341102712 US

Title: MGRM (X) Change ( ) Addition  
Name: GOFF, TOMMY E MGRM  
Address: 1860 BOY SCOUT DR., SUITE 207  
City-St-Zip: FORT MYERS, FL 33907 US

I hereby certify that the information supplied with this filing does not qualify for the 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: TOM L KENNEDY

MGRM

04/09/2007

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