

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90014 013 ****50.00

DOCUMENT # L02000010210

1. Entity Name

TIMELESS TREASURES BY TODD, LLC



Principal Place of Business

1200 DELTONA BLVD., UNIT 7
 DELTONA FL 32725

Mailing Address

1200 DELTONA BLVD., UNIT 7
 DELTONA FL 32725

24065488



MOORE CR2E083 (11/03)

2. Principal Place of Business

1672 Emerald Green Ct.

Suite, Apt. #, etc.

3. Mailing Address

1672 Emerald Green Ct.

Suite, Apt. #, etc.

City & State

DELTONA, FL

City & State

DELTONA, FL

4. FEI Number

75-3049929

Applied For

Not Applicable

Zip

32725

Country

Volusia

Zip

32725

Country

Volusia

5. Certificate of Status Desired

\$5.00

Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAXON, HUGH E JR.
 1672 EMERALD GREEN CT.
 DELTONA FL 32725

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE P Delete
 NAME SAXON, SUSAN D
 STREET ADDRESS 1672 EMERALD GREEN CT
 CITY-ST-ZIP DELTONA FL 32725

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VP Delete
 NAME SAXON, ANTHONY T
 STREET ADDRESS 1454 ELKEAM BLVD
 CITY-ST-ZIP DELTONA FL 32725

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Hugh E. Saxon, Jr.* (Hugh E. SAXON, JR.)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-28-04

Date Daytime Phone #