FILED
May 25, 2004 8:00 am
Secretary of State

05-03-2004 90142 031 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000018552

1. Entity Name
RIGHT TIME HOLDINGS, LLC

[redacted]

04282004 Chg-LLC CR2E083 (10/03)

Principal Place of Business	Mailing Address
230 LOOKOUT PLACE SUITE 100 MAITLAND, FL 32751 US	230 LOOKOUT PLACE SUITE 100 MAITLAND, FL 32751 US

2. Principal Place of Business	3. Mailing Address
4111 SW 34th St	4711 S.W. 34th St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando FL	City & State
Zip / Country	Zip / Country

4. FEI Number: 01-0785899 — ☐ Applied For ☐ Not Applicable

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
WILKINS, ROBERT C 230 LOOKOUT PLACE SUITE 100 MAITLAND, FL 32751	Name: Barbara Lee Street Address (P.O. Box Number is Not Acceptable): 4121 S.W. 34th Street City: Orlando FL Zip Code: 32811

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: B Lee — DATE: 4/30/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILKINS, ROBERT C 230 LOOKOUT PLACE MAITLAND, FL 32751 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: W Kennedy — 4/28/04 — (407) 999-2225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #