

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90019 030 ***150.00

DOCUMENT # L03000034477

1. Entity Name
BIG TTYME MANAGEMENT, LLC



Principal Place of Business
**PALMS BUILDING
900 U.S. HWY ONE, #202
LAKE PARK, FL 33403**

Mailing Address
**PALMS BUILDING
900 U.S. HWY ONE, #202
LAKE PARK, FL 33403**

24064771



2. Principal Place of Business

**900 U.S. Hwy 1.
Suite, Apt. #, etc.
#104**

3. Mailing Address

**900 U.S. Hwy 1.
Suite, Apt. #, etc.
#104**

04292004 Chg-LLC CR2E083 (10/03)

City & State

LaKa Park, FL

City & State

LaKa Park, FL

4. FEI Number

NONE

Applied For

☒ Not Applicable

Zip

33403

Country

USA

Zip

33403

Country

USA

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KLOHN, JAMES A
PALMS BLDG.
900 U.S. HWY. ONE, #202
LAKE PARK, FL 33403**

7. Name and Address of New Registered Agent

Name **James A. Kohn**

Street Address (P.O. Box Number is Not Acceptable)
900 U.S. Hwy 1, #104

City

LaKa Park

FL

Zip Code

33403

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:

(NOTE: Registered Agent signature required when reinstating)

4/28/04

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☒ Delete
NAME **KLOHN, JAMES A**
STREET ADDRESS **PALMS BLDG., 900 U.S. HWY ONE, #202**
CITY-ST-ZIP **LAKE PARK, FL 33403**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition
NAME **James A. Kohn**
STREET ADDRESS **900 U.S. Hwy 1, #104**
CITY-ST-ZIP **LaKa Park, FL 33403**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/28/04
Date

561-339-1450
Daytime Phone #