

# 006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000040125

1. Entity Name  
CHANGING TIMES DEVELOPMENT SERVICES, LLC



FILED

2006 MAY -3 PM 3:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
8419 GLENDALIN ROAD  
TALLAHASSEE, FL 32311

Mailing Address  
8419 GLENDALIN ROAD  
TALLAHASSEE, FL 32311

2. Principal Place of Business

9052 Ridgeway Trail  
Suite, Apt. #, etc.  
Tallahassee, FL

3. Mailing Address

9052 Ridgeway Trail  
Suite, Apt. #, etc.

City & State

City & State

Tallahassee, FL

Zip 32312

Country USA

Zip 32312

Country USA

05032006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
71-0953596

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

FERGUSON, ADRIAN L  
8419 GLENDALIN ROAD  
TALLAHASSEE, FL 32311

Name

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

9052 Ridgeway Trail

City

Tallahassee

FL

Zip Code

32312

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

Adrian L. Ferguson

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

(NOTE: Registered Agent signature required when reinstating)

May 3, 2006

DATE

Filing Fee is \$50.00  
Due by September 6, 2006

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME FERGUSON, ADRIAN L  
STREET ADDRESS 8419 GLENDALIN ROAD  
CITY-ST-ZIP TALLAHASSEE, FL 32311

TITLE  
NAME 9052 Ridgeway Trail  
STREET ADDRESS  
CITY-ST-ZIP Tallahassee, FL 32312

TITLE  
NAME  
STREET ADDRESS  
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 exemptions contained in Chapter 119, 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

Adrian L. Ferguson

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

May 3, 2006

Date Daytime Phone #