2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000023171

1. Entity Name

RECHERCHE DU TEMPS PERDU, LLC



FILED Apr 25, 2008 08:00 AN Secretary of State

Principal Place of Business

12480 S.E. 136TH COURT OCKLAWAHA, FL 32179 Mailing Address

P.O. BOX 104

OCKLAWAHA, FL 32183-0104



04212008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	'	Applied For
11-3715342		Not Applicable
5. Certificate of Status Desired		\$5.00 Additional

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF ORLANDO 300 SOUTH ORANGE AVE., SUITE 1000 ORLANDO, FL 32801

DO NOT WRITE IN THIS SPACE

ing congations 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 After May	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75				
9.	MANAGING MEMBERS/MANAGERS	· · · · · · · · · · · · · · · · · · ·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NELSON'S REALTY SRVICES, INC. 12480 S.E. 136TH COURT OCKLAWAHA, FL 32179	05/	U00000921532 /15/08-80010-013 138.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. (
THTLE NAME STREET ADDRESS CITY-ST-ZIP		DO NO	OT WRITE		
TITLE NAME STREET ADDRESS CITY+ST-ZIP		IN THI	S SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

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 Fiorida. I am familiar with, and accept

11. I nereby 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: By:

CITY-ST-ZIP

OR PRINTED NAME

Rod Jones, V.P. of Manager

SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/23/2008

407/423-3200

Daylime Phone #