

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000044528

Entity Name: TIME LEASE MANAGEMENT LLC

FILED
Jul 27, 2006
Secretary of State

Current Principal Place of Business:

18016 HORSESHOE BAY CIRCE, E216
FORT MYERS, FL 339125416

New Principal Place of Business:

18016 HORSESHOE BAY CIRCE
FORT MYERS, FL 339125416

Current Mailing Address:

18016 HORSESHOE BAY CIRCE, E216
FORT MYERS, FL 339125416

New Mailing Address:

18016 HORSESHOE BAY CIRCE
FORT MYERS, FL 339125416

FEI Number: 20-1168914 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GRODZKI, JOHN
18019 HORSESHOE BAY CIRCLE #216
FT MYERS, FL 339125416 US

Name and Address of New Registered Agent:

GRODZKI, JOHN
18019 HORSESHOE BAY CIRCLE
FT MYERS, FL 339125416 US

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.

SIGNATURE:

07/27/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GRODZKI, JOHN
Address: 18016 HORSESHORE BAY CIRCLE #216
City-St-Zip: FORT MYERS, FL 339125416

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GRODZKI, JOHN
Address: 18016 HORSESHORE BAY CIRCLE
City-St-Zip: FORT MYERS, FL 339125416

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN A GRODZKI

MGR

07/27/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date