

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 13, 2005 8:00 am
Secretary of State

07-13-2005 90109 034 ****50.00

20062974



07072005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000044902 1. Entity Name ISLAND TIME VENTURES, L.L.C.					
Principal Place of Business 5002 S.W. 27TH AVENUE CAPE CORAL, FL 33914			Mailing Address 5002 S.W. 27TH AVENUE CAPE CORAL, FL 33914		
2. Principal Place of Business		3. Mailing Address 1318 Lafayette St.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Cape Coral, FL		4. FEI Number 20-1261095	
Zip 33904		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHUTT, DARREN R ESQ 1105 CAPE CORAL PARKWAY EAST, STE. C CAPE CORAL, FL 33904			7. Name and Address of New Registered Agent Name Thomas W. Hill Street Address (P.O. Box Number is Not Acceptable) 1318 Lafayette St. City Cape Coral, FL Zip Code 33904		
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 <i>Thomas W. Hill</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <i>7-7-05</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by September 7, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JACKSON, ROY 5002 S.W. 27TH AVENUE CAPE CORAL, FL 33914	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MCCARTHY, ERIC 3896 HIDDEN ACRES CIRCLE NORTH FORT MYERS, FL 33903	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JACKSON, NANCY R 5002 SW 27TH AVE. CAPE CORAL, FL 33914	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MCCARTHY, ESTELLE M 5002 SW 27TH AVE. CAPE CORAL, FL 33914	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JACKSON, NANCY R 5002 SW 27TH AVE. CAPE CORAL, FL 33914	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MCCARTHY, ESTELLE M 5002 SW 27TH AVE. CAPE CORAL, FL 33914	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JACKSON, NANCY R 5002 SW 27TH AVE. CAPE CORAL, FL 33914	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Roy Jackson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <i>7-7-05</i> <i>239-549-2444</i> <small>Daytime Phone #</small>		

Hill & Company

CPA, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

ATTACHMENT

LD4000041902

20068974

1318 Lafayette Street
Cape Coral, FL 33904

(239) 549-2444

Fax: (239) 549-5623

www.hillcocpa.com

Royal Palm Square
1400 Colonial Blvd., Suite 17

Fort Myers, FL 33907

(239) 433-2444

Fax: (239) 275-3917

July 7, 2005

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Island Time Ventures, LLC
2005 Annual Report

Dear Sir/Madam:

Enclosed find Annual Report for the referenced LLC and a check for \$50.00 to cover same. Our client, Roy Jackson was not aware of the form being received as he was looking for the booklet previously mailed in prior years.

Also, he was not aware he had to download the form and ask that you accept payment for the LLC without any interest or penalties as this was a complete oversight. Also note that the mailing address has been changed on the annual report to: 1318 Lafayette Street, Cape Coral, Florida 33904.

Thank you for giving this matter your prompt attention and hope to receive a favorable reply.

Sincerely,

Thomas W. Hill CPA
Thomas W. Hill
Hill & Company, CPA, P.A.

Enclosures