

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2007 08:00 AM**  
**Secretary of State**

**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  
**1318 LAFAYETTE ST  
CAPE CORAL, FL 33904**



01102007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-1261095</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**HILL, THOMAS W  
1318 LAFAYETTE ST  
CAPE CORAL, FL 33904**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>MGRM JACKSON, ROY 5002 S.W. 27TH AVENUE CAPE CORAL, FL 33914</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>MGRM MCCARTHY, ERIC 3896 HIDDEN ACRES CIRCLE NORTH FORT MYERS, FL 33903</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>MGRM JACKSON, NANCY R 5002 SW 27TH AVE. CAPE CORAL, FL 33914</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>MGRM MCCARTHY, ESTELLE M 5002 SW 27TH AVE. CAPE CORAL, FL 33914</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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02/15/07-80007-001 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:** *Roy Jackson*

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

Date

*2/15/2007*

Daytime Phone #