

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 18, 2008 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



01112008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-1261095

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** 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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

000000831093  
02/27/08-80003-018 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	JACKSON, ROY
STREET ADDRESS	5002 S.W. 27TH AVENUE
CITY- ST- ZIP	CAPE CORAL, FL 33914
TITLE	MGRM
NAME	MCCARTHY, ERIC
STREET ADDRESS	3896 HIDDEN ACRES CIRCLE
CITY- ST- ZIP	NORTH FORT MYERS, FL 33903
TITLE	MGRM
NAME	JACKSON, NANCY R
STREET ADDRESS	5002 SW 27TH AVE.
CITY- ST- ZIP	CAPE CORAL, FL 33914
TITLE	MGRM
NAME	MCCARTHY, ESTELLE M
STREET ADDRESS	5002 SW 27TH AVE.
CITY- ST- ZIP	CAPE CORAL, FL 33914
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**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

2/13/2008

Date

239-560-2431

Daytime Phone #