


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90020 004 \*\*\*\*50.00

<b>DOCUMENT # L04000064150</b>	
1. Entity Name HAIR TIME, LLC	

Principal Place of Business 852 SAXON BLVD. ORANGE CITY, FL 32763	Mailing Address 852 SAXON BLVD. ORANGE CITY, FL 32763
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2. Principal Place of Business	3. Mailing Address 795 Anderson Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Deltona FL	4. FEI Number 20-1562150	Applied For <input type="checkbox"/> Not Applicable
Zip 32725	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required



04222005 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent BAKER, BARBARA A 852 SAXON BLVD. ORANGE CITY, FL 32763		7. Name and Address of New Registered Agent Name: Baker, Barbara A Street Address (P.O. Box Number is Not Acceptable): 795 Anderson Drive City: Deltona FL Zip Code: 32725	
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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: *Barbara A Baker* (NOTE: Registered Agent signature required when reinstating) DATE: 4-22-05

**Filing Fee is \$50.00 Due by May 1, 2005**      **Make check payable to Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BAKER, BARBARA A 852 SAXON BLVD. ORANGE CITY, FL 32763 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Baker, Barbara A 795 Anderson Drive Deltona FL 32725 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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	<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:** *Barbara A Baker*      4-22-05 3865752205  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #