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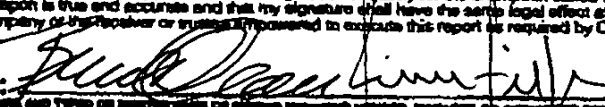
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FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90102 041 ****50.00

**2005 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

40011660

DOCUMENT # L04000073916			
1. Entity Name TIME OFF, LLC			
Principal Place of Business 48164 LITTLE PINE LOOP PERHAM, MN 56573		Mailing Address 46164 LITTLE PINE LOOP PERHAM, MN 56573	
2. Principal Place of Business 8621 Champions PT.		3. Mailing Address P.O. Box 38	
State, Apt. #, etc. APT #504		State, Apt. #, etc.	
City & State NAPLES, FL		City & State OTTERTAIL, MN	
Zip 34113		Zip 56571	
Country U.S.A.		Country U.S.A.	
4. FEI Number 55-0885711		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		65.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KRUCHTEN, DEMIAN M ESQ 975 8TH AVE., S., STE. 101 NAPLES, FL 34102		7. Name and Address of Prior Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL Zip Code	
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. (800) THE Registered Agent signature required when reissuing. DATE _____			
Filing Fee is \$60.00 Due by May 1, 2005			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FREGEAU, PIERRE 7785 ESMEFIELDA WAY #201 NAPLES, FL 34109 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6039 SHALLOWS WAY NAPLES, FL 34109 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARR, BRUCE P.O. BOX 38 OTTERTAIL, MN 56571 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 of the taxpayer or taxpayer's predecessor to execute this report as required by Chapter 806, Florida Statutes.			
SIGNATURE: 		1-31-05 1-218-367-3360	