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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

DOCUMENT # L04000073916

1. Entity Name
TIME OFF, LLC

400011660

Principal Place of Business	Mailing Address
46164 LITTLE PINE LOOP PERHAM, MN 56573	46164 LITTLE PINE LOOP PERHAM, MN 56573

01272005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
8621 Champions PT.	P.O. Box 38
Suite, Apt. #, etc.: APT #504	Suite, Apt. #, etc.:
City & State: NAples, FL	City & State: OTTERTAIL, MN
Zip: 34113 Country: U.S.A.	Zip: 56571 Country: U.S.A.

4. FEI Number: 55-0885711 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KRUCHTEN, DEMIAN M ESQ
973 6TH AVE., S., STE. 101
NAPLES, FL 34102

7. Name and Address of New 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. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR FREGEAU, PIERRE 7765 ESMERELDA 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	MGRM 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)(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: [signature] 1-31-05 1-218-367-3360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #