2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 11, 2005
Secretary of State

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Entity Name: GS TIME, LLC

Current Principal Place of Business:

7802 KINGSPOINTE PARKWAY
UNIT 204
ORLANDO, FL 32819

New Principal Place of Business:

7802 KINGSPOINTE PARKWAY
UNIT 204
ORLANDO, FL 32819 US

Current Mailing Address:

7802 KINGSPOINTE PARKWAY
UNIT 204
ORLANDO, FL 32819

New Mailing Address:

7802 KINGSPOINTE PARKWAY
UNIT 204
ORLANDO, FL 32819 US

FEI Number: 20-1801779 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COHEN, DAVID S
5728 MAJOR BLVD.
SUITE 550
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: SALLABERRY, JORGE E
Address: 7802 KINGSPOINTE PARKWAY, UNIT 204
City-St-Zip: ORLANDO, FL 32819

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SALLABERRY, JORGE E
Address: 7802 KINGSPOINTE PARKWAY, UNIT 204
City-St-Zip: ORLANDO, FL 32819 US

Title: MGRM ( ) Change (X) Addition
Name: SALLABERRY, CLELIA R
Address: 7802 KINGSPOINTE PARKWAY, UNIT 204
City-St-Zip: ORLANDO, FL 32819 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JORGE E. SALLABERRY MGRM 03/11/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date