


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90032 002 \*\*\*\*50.00

<b>DOCUMENT # L05000015664</b>					
1. Entity Name <b>TIMELESS TREASURES BOOK SHOPPE, LLC</b>					
Principal Place of Business <b>216 NORTH PARSONS AVENUE BRANDON FL 33510</b>			Mailing Address <b>216 NORTH PARSONS AVENUE BRANDON FL 33510</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>20-2460022</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>WARREN, JEFFREY W 22 S. FRANKLIN STREET TAMPA FL 33602</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable) <b>220 S. Franklin St.</b>		
			City <b>Tampa</b>		
			FL <b>33602</b>		
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 _____ DATE _____					
<p><b>FILE NOW!!! FEE IS \$50.00</b>                  Make Check Payable to Florida Department of State                  Due By May 1, 2008</p>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	NAME	STREET ADDRESS	TITLE	NAME	STREET ADDRESS
	<b>President</b>	<b>216 N. Parsons Ave</b>			
	<b>Myles Dowdy</b>	<b>Brandon FL 33510</b>			
	<b>VICE President</b>				
	<b>Susan P. Warren</b>	<b>216 N. Parsons Ave</b>			
	<b>Secretary</b>	<b>Brandon, FL 33510</b>			
	<b>Sherry Huffman</b>	<b>216 N. Parsons Ave</b>			
		<b>Brandon, FL 33510</b>			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <b>Jeff Warren</b>			Date: <b>4/27/06 8:13-224</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone: <b>975</b>		