

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000022877

FILED  
May 08, 2007  
Secretary of State

Entity Name: COUNTRYTYME FLORIDA, LLC

**Current Principal Place of Business:**

2765 PONTE VEDRA BEACH BLVD  
PONTE VEDRA BEACH, FL 32082 US

**New Principal Place of Business:**

**Current Mailing Address:**

2765 PONTE VEDRA BEACH BLVD  
PONTE VEDRA BEACH, FL 32082 US

**New Mailing Address:**

FEI Number: 20-2460194      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

GRAHAM, MARK MR.  
920 CHURCHHILL LANE  
ST. AUGUSTINE, FL 32092 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/MANAGERS:**

Title: MGR ( ) Delete  
Name: WILCOX, JAMES L  
Address: 2765 PONTE VEDRA BEACH BLVD.  
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: MGR ( ) Delete  
Name: GRAHAM, MARK  
Address: 920 CHURCHHILL LANE  
City-St-Zip: ST. AUGUSTINE, FL 32092 US

Title: MGRM ( ) Delete  
Name: COUNTRYTYME DEVELOPM, ENT, LTD.  
Address: 1660 GATEWAY CIRCLE  
City-St-Zip: GROVE CITY, OH 43123 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MARK GRAHAM

MGR

05/08/2007

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