

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000025881

FILED
Apr 29, 2009
Secretary of State

Entity Name: ISLAND TIME INVESTMENTS, LLC

Current Principal Place of Business:

4118 GUNN HIGHWAY
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

4118 GUNN HIGHWAY
TAMPA, FL 33618

New Mailing Address:

FEI Number: 86-1132738

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOSTER, ROBERT F
4118 GUNN HIGHWAY
TAMPA, FL 33618 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: MGRM () Delete
Name: ROBERT F. FOSTER
Address: 5000 CULBREATH KEY #8222
City-St-Zip: TAMPA, FL 33611 US

Title: MGRM () Delete
Name: GINA L. SCHRADER
Address: 1828 W. BEARSS AVE.
City-St-Zip: TAMPA, FL 33613 US

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

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ROBERT F. FOSTER
Address: 5000 CULBREATH KEY #8222
City-St-Zip: TAMPA, FL 33611 US

Title: MGR (X) Change () Addition
Name: GINA L. SCHRADER
Address: 1828 W. BEARSS AVE.
City-St-Zip: TAMPA, FL 33613 US

Title: MGRM () Change (X) Addition
Name: FOSTER, JOYCE C
Address: 14834 LAKE MAGDALENE CR.
City-St-Zip: TAMPA, FL 33613

Title: MGRM () Change (X) Addition
Name: FOSTER, CHARLES P
Address: 14834 LAKE MAGDALENE CR
City-St-Zip: TAMPA, FL 33613

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: JOYCE C. FOSTER

MGRM

04/29/2009

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