

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 17, 2006 8:00 am
Secretary of State

04-24-2006 90055 043 ****50.00

DOCUMENT # L05000096024 1. Entity Name LAND TIME LIMITED, LLC																											
Principal Place of Business % JAMES D. DOHERTY 4905 CHIQUITA BLVD., SUITE 103 CAPE CORAL, FL 33914-8907		Mailing Address % JAMES D. DOHERTY 4905 CHIQUITA BLVD., SUITE 103 CAPE CORAL, FL 33914-8907																									
JAMES DOHERTY 9662 Halyards Ct. Apt. 21 Fort Myers, FL 33919		3. Mailing Address 9662 HALYARDS CT. Suite, Apt. #, etc. 21 City & State FORT MYERS FL Zip 33919 Country																									
4. FEI Number 51-0553322 Applied For ☐ Not Applicable ☒		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent DOHERTY, JAMES D 4905 CHIQUITA BLVD., SUITE 103 CAPE CORAL, FL 33914-8907		7. Name and Address of New Registered Agent Name JAMES D. DOHERTY Street Address (P.O. Box Number is Not Acceptable) 9662 HALYARDS CT. UNIT 21 City FORT MYERS FL Zip Code 33919																									
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 JAMES DOHERTY (NOTE: Registered Agent signature required when reappointing) DATE																											
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="width: 60%;"> MGRM DOHERTY, JAMES D 4905 CHIQUITA BLVD., SUITE 103 CAPE CORAL, FL 33914-8907 ☐ Delete </td> </tr> <tr> <td> MGRM HUFF, CHARLES E 4905 CHIQUITA BLVD., SUITE 103 CAPE CORAL, FL 33914-8907 ☐ Delete </td> <td></td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM DOHERTY, JAMES D 4905 CHIQUITA BLVD., SUITE 103 CAPE CORAL, FL 33914-8907 ☐ Delete	MGRM HUFF, CHARLES E 4905 CHIQUITA BLVD., SUITE 103 CAPE CORAL, FL 33914-8907 ☐ Delete										10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="width: 60%;"> ☒ Change ☐ Addition JAMES DOHERTY 9662 Halyards Ct. Apt. 21 Fort Myers, FL 33919 </td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☒ Change ☐ Addition JAMES DOHERTY 9662 Halyards Ct. Apt. 21 Fort Myers, FL 33919										
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																											

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