2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000012030

1. Entity Name
ISLAND TIMES LLC

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01042007   Chg-LLC   CR2E083 (12/06)

Principal Place of Business	Mailing Address
41 THE GREENWAY LOOP PANAMA CITY BEACH, FL 32413	41 THE GREENWAY LOOP PANAMA CITY BEACH, FL 32413

2. Principal Place of Business - No P.O. Box #	3. Mailing Address *P.O. Box 611654*
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State *Rosemary Beach*
Zip	Country	Zip *32461*	Country *US*

4. FEI Number *20-4275852*   Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
IRBY, DEBORAH E 41 THE GREENWAY LOOP PANAMA CITY BEACH, FL 32413	Name *DANA FORD* Street Address (P.O. Box Number is Not Acceptable) *9955 E. CO HWY 30A #409* *PANAMA CITY BEACH* FL *32413*

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 *Dana Ford*
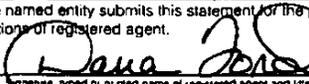
(Signature, typed or printed name of registered agent and title if applicable)   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS | 10. ADDITIONS / CHANGES

TITLE	MGRM ☒ Delete	TITLE		☐ Change ☐ Addition
NAME	IRBY, DEBORAH E	NAME		
STREET ADDRESS	41 THE GREENWAY LOOP	STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413	CITY-ST-ZIP		

TITLE	*Dana Ford, Personal Rep* ☐ Delete	TITLE		☐ Change ☐ Addition
NAME	*Estate of Deborah Irby*	NAME		
STREET ADDRESS	*PO Box 611654 Fl*	STREET ADDRESS		
CITY-ST-ZIP	*Rosemary Beach 32461*	CITY-ST-ZIP		

TITLE	☐ Delete	TITLE		☐ Change ☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		

TITLE	☐ Delete	TITLE		☐ Change ☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		

TITLE	☐ Delete	TITLE		☐ Change ☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		

TITLE	☐ Delete	TITLE		☐ Change ☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		

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: *Dana Ford*   *2/13/07*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #