


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90035 028 ***138.75

DOCUMENT # L06000044506					
1. Entity Name BREAKTIME BILLIARDS, LLC					
Principal Place of Business 4200 62ND AVENUE N PINELLAS PARK, FL 33781 US			Mailing Address 4200 62ND AVENUE N PINELLAS PARK, FL 33781 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent RAMSBURG, DONALD P 5840 54TH AVE N SUITE A KENNETH CITY, FL 33709			7. Name and Address of New Registered Agent Name <u>Christopher R Gallup</u> Street Address (P.O. Box Number is Not Acceptable) <u>4351 Burlington Ave N</u> City <u>St Petersburg</u> <u>FL</u> Zip Code <u>33713</u>		
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: <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GALLUP, CHRISTOPHER R		NAME		
STREET ADDRESS	4351 BURLINGTON AVE N		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG, FL 33713		CITY-ST-ZIP		
TITLE	MGRM		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GALLUP, SUSAN M		NAME		
STREET ADDRESS	4351 BURLINGTON AVE N		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG, FL 33713		CITY-ST-ZIP		
TITLE			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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CITY-ST-ZIP			CITY-ST-ZIP		
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TITLE			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			4.2808 727-224-6703 <small>Date Daytime Phone #</small>		