

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000045173

FILED
May 08, 2007
Secretary of State

Entity Name: TIMEMASTERS PERSONAL & BUSINESS CONCIERGE SERVICES, LLC

Current Principal Place of Business:

315 MALABAR STREET
LEHIGH ACRES, FL 33972 US

New Principal Place of Business:

8359 BEACON BLVD
#601
FORT MYERS, FL 33907 US

Current Mailing Address:

5781 LEE BLVD
208-221
LEHIGH ACRES, FL 33971 US

New Mailing Address:

315 MALABAR STREET
LEHIGH ACRES, FL 33972 US

FEI Number: 56-2578174 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:

NADER, CAROL A
315 MALABAR STREET
LEHIGH ACRES, FL 33972 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: NADER, CAROL A
Address: 315 MALABAR STREET
City-St-Zip: LEHIGH ACRES, FL 33972 US

Title: MGR (X) Delete
Name: CALDERON, PATRICIA L
Address: 315 MALABAR STREET
City-St-Zip: LEHIGH ACRES, FL 33972 US

ADDITIONS/CHANGES:

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: CAROL NADER

OWNE

05/08/2007

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