2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000081745

Current Principal Place of Business:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

() Delete

Entity Name: 1ST TIME INVESTORS LLC

FILED Feb 05, 2009 Secretary of State

New Principal Place of Business:

COMING, JAY

MGRM

7320 STATE RD 52

HUDSON, FL 34667

KOCK, INGBORG

7320 STATE RD 52 HUDSON, FL 34667

() Change (X) Addition

7310 STATE ROAD 52 7320 STATE ROAD 52 HUDSON, FL 34667 HUDSON, FL 34667 **Current Mailing Address: New Mailing Address:** 7310 STATE ROAD 52 7320 STATE ROAD 52 HUDSON, FL 34667 HUDSON, FL 34667 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LINIHAN, ANDY LINIHAN, ANDY 7310 STATE ROAD 52 7320 STÂTE ROAD 52 HUDSON, FL 34667 HUDSON, FL 34667 US 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: AJL 02/05/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: MGRM () Delete (X) Change () Addition ROWLEY, MELANIE ROWLEY, MELANIE Name: Name: 7310 STATE ROAD 52 Address: 7320 STATE ROAD 52 Address: City-St-Zip: HUDSON, FL 34667 City-St-Zip: HUDSON, FL 34667 Title: MGRM () Delete Title: () Change () Addition VEROFSKY, GARY Name: Name: Address: 2430 DEKAN LANE Address: City-St-Zip: LAND O' LAKES, FL 34639 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition DROZD, DOUG Name: Name: Address: 2430 DEKAN LANE Address: City-St-Zip: LAND O' LAKES, FL 34639 City-St-Zip: Title: MGRM () Delete Title: MGRM (X) Change () Addition ZEIGLER, CURTIS Name: LINIHAN, ANDY Name: Address: 7310 STATE RD 52 Address: 7320 STATE RD 52 City-St-Zip: HUDSON, FL 34667 City-St-Zip: HUDSON, FL 34667 Title: () Delete Title: MGRM () Change (X) Addition

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.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: AJL MGRM 02/05/2009