2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# L08000086223

Entity Name: PART TIME VENTURES LLC

Current Principal Place of Business:

8133 49TH AVENUE NORTH
ST. PETERSBURG, FL 337092209 US

New Principal Place of Business:

Current Mailing Address:

8133 49TH AVENUE NORTH
ST. PETERSBURG, FL 337092209 US

New Mailing Address:

FEI Number: 26-3467509 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BELAIR, AARON
215 CENTRAL AVENUE
4E
ST. PETERSBURG, FL 33701 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:	MGMR	( ) Delete
Name:	BELAIR, AARON	
Address:	P.O. BOX 419	
City-St-Zip:	ST. PETERSBURG, FL 33731	
Title:	MGMR	( ) Delete
Name:	BOWER, SHARON	
Address:	8133 49TH AVENUE NORTH	
City-St-Zip:	ST. PETERSBURG, FL 337092209	
Title:	MGMR	( ) Delete
Name:	JANSHESKI, GERARD	
Address:	8133 49TH AVENUE NORTH	
City-St-Zip:	ST. PETERSBURG, FL 337092209	
Title:	MGMR	( ) Delete
Name:	O'BRIEN, DAWN	
Address:	P.O. BOX 419	
City-St-Zip:	ST. PETERSBURG, FL 33731	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: SHARON BOWER MGMR 04/22/2009

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