


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 06, 2006 8:00 am
Secretary of State

06-06-2006 90059 018 ****50.00

DOCUMENT # L99000002004	
1. Entity Name 'BOUT TIME MARKETING, LLC	

Principal Place of Business 5225 CENTRAL AVE. ST. PETERSBURG, FL 33710	Mailing Address P.O. BOX 67037 ST. PETERSBURG BEACH, FL 33736
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20047067

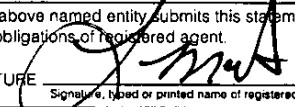
2. Principal Place of Business 5304 1st Avenue N	3. Mailing Address 5304 1st Avenue N
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State St. Petersburg FL	City & State St. Petersburg FL	4. FEI Number 59-3568994	Applied For <input type="checkbox"/> Not Applicable
Zip 33710	Country USA	Zip 33710	Country USA



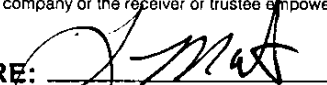
05312006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent MARTIN, LARRY 5225 CENTRAL AVE. ST. PETERSBURG, FL 33710		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5304 1st Avenue N. City St. Petersburg FL Zip Code 33710	
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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 	DATE 6-3-6

Filing Fee is \$50.00 Due by September 6, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTIN, LARRY 5225 CENTRAL AVE. ST. PETERSBURG, FL 33710 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5304 1st Avenue N St. Petersburg FL 33710 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  OP mgr	Date 6-3-6 Daytime Phone # 727-410-3048