2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000004358

TIMESCAPE RESORTS, LLC



FILED Apr 30, 2007 08:00 Al Secretary of State

Principal Place of Business

359 CAROLINA AVENUE WINTER PARK, FL 32789 Mailing Address

359 CAROLINA AVENUE WINTER PARK, FL 32789



01042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number		Applied For	
59-3591310	 	Not Applicable	
5. Certificate of Status Desired	\$5.00	Additional	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DOWNING, GRANT T GODBOLD, DOWNING, SHEAHAN & BILL, P.A. 222 WEST COMSTOCK AVE., #101 WINTER PARK, FL 32789

DO NOT WRITE IN THIS SPACE

*****	,. = 02.00		
	named entity submits this statement for the purpose of cha tions of registered agent.	nging its registered office or registered agent, or both,	in the State of Florida. I am familiar with, and accept
SIGNATURE_			
OIGHATORIES	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
	lling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EPOCH DEVELOPMENT LLC		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLORIDA CAPITAL PROPERTIES LLC 250 INTERNATIONAL PKWY, STE 226 HEATHROW, FL 32746		U00000744112 05/15/07-80136-009 50.00
TITI C			

DO NOT WRITE IN THIS SPACE

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.

SI	G	N	Δ٦	F1 I	R	E :
u	u		~	··		

NAME STREET ADDRESS

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Davtme Phone 4