2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 04, 2005 8:00 am
Secretary of State
02-08-2005 90078 021 ****55.00

DOCUMENT # M04000000199

1. Entity Name
SELLMYTIMESHARENOW, LLC

Principal Place of Business
251 MAITLAND AVENUE, STE. #315
ALTAMONTE SPRINGS FL 32701

Mailing Address
251 MAITLAND AVENUE, STE. #315
ALTAMONTE SPRINGS FL 32701

1st MOORE CR2E083 (10/04)

2. Principal Place of Business: 251 Maitland Ave.
Suite, Apt. #, etc.: Suite # 315
City & State: Altamonte-Springs
Zip: 32701 Country: Seminole

3. Mailing Address: 251 Maitland Ave.
Suite, Apt. #, etc.: Suite # 315
City & State: Altamonte-Springs
Zip: 32701 Country: Seminole

4. FEI Number: 37-1471683 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
REIN, LUCINDA
251 MAITLAND AVENUE, STE. #315
ALTAMONTE SPRINGS FL 32701

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS

TITLE	MGR	☐ Delete
NAME	TRENBLAY, JASON	
STREET ADDRESS	9 BERRY LANE	
CITY-ST-ZIP	GREENLAND NH 03840	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	~~MGR~~ CEO	☒ Change	☐ Addition
NAME	Jason Tremblay		
STREET ADDRESS	3 Margaret Lane		
CITY-ST-ZIP	Lee, NH 03824		

TITLE	~~Member~~ President	☐ Change	☒ Addition
NAME	Mark Eldridge		
STREET ADDRESS	11 Merrill DR-C5		
CITY-ST-ZIP	Hampton, NH 03842		

TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ Jason Tremblay 2/01/05 603-926-4777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #