2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 26, 2005 08:00 AM Secretary of State **DOCUMENT # M04000001513** 1. Entity Name TIME OUT TRADERS, LLC* Principal Place of Business Mailing Address 3210 GREEN DOLPHIN LANE 3210 GREEN DOLPHIN LANE NAPLES, FL 34102 NAPLES, FL 34102 04182005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 14-1829823 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent UNITED CORPORATE SERVICES, INC. DO NOT WRITE 9200 SOUTH DADELAND BLVD., SUITE 508 MIAMI, FL 33156 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. TITLE MGR U00000368354 05/26/05-80005-006 50.00 GERRY, ADAM NAME 3210 GREEN DOLPHIN LANE STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34102 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not quality 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 wastee empowered the execute this report as required by Chapter 608, Florida Statutes.

OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

SIGNATURE AND TYPED OR

FILED

Daytime Phone #