


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90043 022 ***138.75

| | |
|---|---|
| DOCUMENT # L07000121775 1. Entity Name TREASURE HAMMOCK RANCH, LLC |  |
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|---|---|
| Principal Place of Business 695 U.S. HIGHWAY ONE SOUTH VERO BEACH, FL 32962 | Mailing Address 695 U.S. HIGHWAY ONE SOUTH VERO BEACH, FL 32962 |
|---|---|

60001206



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| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address P O Box 1208 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

01082008 Chg-LLC CR2E083 (12/06)

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| City & State | City & State Vero Beach, FL 32961 |
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| 4. FEI Number 26-1530478 | Applied For Not Applicable |
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|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent SEXTON, RALPH W 695 U.S. HIGHWAY ONE SOUTH VERO BEACH, FL 32962 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | 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 SEXTON, RALPH W 695 U.S. HIGHWAY ONE SOUTH VERO BEACH, FL 32962 <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.

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| SIGNATURE: <u>Ralph W. Sexton</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date: <u>1-10-08</u> | Daytime Phone #: <u>772-562-2301</u> |
|--|----------------------|--------------------------------------|