

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000087449

FILED  
Feb 09, 2009  
Secretary of State

Entity Name: TREASURE COAST FILMS LLC

**Current Principal Place of Business:**

1918 SE CARVALHO ST  
PORT ST LUCIE, FL 34983 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 8824  
PORT ST LUCIE, FL 34985 US

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GAROFALO, JOSE PRES  
1918 SE CARVALHO ST  
PORT ST LUCIE, FL 34983 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES ( ) Delete  
Name: GAROFALO, JOSE  
Address: 1918 SE CARVALHO ST  
City-St-Zip: PORT ST LUCIE, FL 34983

Title: V.P. ( ) Delete  
Name: ROLDAN, ROBERT  
Address: 6547 NW CHUGWATER CIR  
City-St-Zip: PORT ST LUCIE, FL 34983

Title: CFO ( ) Delete  
Name: BURKE, JACQUELENE  
Address: 6547 NW CHUGWATER CIR  
City-St-Zip: PORT ST LUCIE, FL 34983

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JACQUELENE N. BURKE

CFO

02/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date