

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 MAR 10 AM 9:06

DOCUMENT # A04000000753
 1. Entity Name
 TREASUREVEST, LTD.



Principal Place of Business
 3505 OCEAN DRIVE
 VERO BEACH, FL 32963 US

Mailing Address
 3505 OCEAN DRIVE
 VERO BEACH, FL 32963 US



DO NOT WRITE IN THIS SPACE

01102006 No Chg-LP CR2E003 (11/05)
 4. FEI Number 83-0395045 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 FIELDSTONE, RONALD R
 201 ALHAMBRA CIRCLE, SUITE 601
 CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number Not Acceptable) **DO NOT WRITE IN THIS SPACE**
 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, or title if applicable

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	NAME
NAME	LAGUNA MANAGEMENT, LLC
STREET ADDRESS	3505 OCEAN DRIVE
CITY ST ZIP	VERO BEACH, FL 32963
DOCUMENT #	NAME
NAME	
STREET ADDRESS	
CITY ST ZIP	
DOCUMENT #	NAME
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DOCUMENT #	NAME
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STREET ADDRESS	
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13. ADDRESS CHANGES ONLY	
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CITY ST ZIP	

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DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____