

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000004914

FILED
Feb 03, 2005
Secretary of State

Entity Name: TREAT, L.L.C.

Current Principal Place of Business:

419 WEST 14TH STREET
2ND FLOOR
NEW YORK, NY 10014 US

New Principal Place of Business:

Current Mailing Address:

419 WEST 14TH STREET
2ND FLOOR
NEW YORK, NY 10014 US

New Mailing Address:

FEI Number: 58-2545880

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLFE, RANDOLPH J
100 N TAMPA, STE 2700
TAMPA, FL 33602 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/MEMBERS:

Title: MGR () Delete
Name: HARRIS, LAUREL A
Address: 374 W. 11TH STREET, #2
City-St-Zip: NEW YORK, NY 10014 US

Title: MGR () Delete
Name: SANTORELLI, MICHAEL J
Address: 374 W. 11TH STREET, #2
City-St-Zip: NEW YORK, NY 10014 US

ADDITIONS/CHANGES:

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 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 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: LAUREL A. HARRIS

MGR.

02/03/2005

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