

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90218 033 ****50.00

DOCUMENT # L01000002384

1. Entity Name

TREASURE COAST HORIZONS, L.L.C.



Principal Place of Business

3098 S.W. CEDAR TRAIL
PALM CITY FL 34990

Mailing Address

P.O. BOX 6095
JENSEN BEACH FL 34957

2. Principal Place of Business

3. Mailing Address

3555 BRICKELL COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LAND O LAKES FL

Zip

Country

Zip

Country

34639

PASCO

4. FEI Number

65-1080863

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required



MOORE

CR2E083 (11/03)

6. Name and Address of Current Registered Agent

GIBBONS, MICHAEL
6324 BAYSIDE KEY DR
TAMPA FL 33615

7. Name and Address of New Registered Agent

Name

MICHAEL GIBBONS

Street Address (P.O. Box Number is Not Acceptable)

3555 BRICKELL COURT

City

LAND O LAKES

FL

Zip Code

34639

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/30/04

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME GIBBONS, MICHAEL J
STREET ADDRESS 6324 BAYSIDE KEY DR
CITY-ST-ZIP TAMPA FL 33615

TITLE MGRM ☐ Delete
NAME GIBBONS, SANDRA
STREET ADDRESS 9950 SO OCEAN DR
CITY-ST-ZIP JENSEN BEACH FL 34957

TITLE MGRM ☐ Delete
NAME BULLOCK, MARK
STREET ADDRESS 3098 S.W. CEDAR TRAIL
CITY-ST-ZIP PALM CITY FL 34990

TITLE MGRM ☐ Delete
NAME BULLOCK, BROOKING
STREET ADDRESS 9950 SO OCEAN DR
CITY-ST-ZIP JENSEN BEACH FL 34957

TITLE MGRM ☐ Delete
NAME OCHAL, TARA
STREET ADDRESS 19220 WINDDANCER STREET
CITY-ST-ZIP LUTZ FL 33549

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3555 BRICKELL COURT
CITY-ST-ZIP LAND O LAKES FL 34639

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 9550 SO OCEAN DR APT 308
CITY-ST-ZIP JENSEN BEACH FL 34957

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 23612 ABERCORN LANE
CITY-ST-ZIP LAND O LAKES FL 34639

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE: Sandra Gibbons

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

772-229-9841