

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Mar 04, 2005 8:00 am
Secretary of State

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DOCUMENT # L01000002384					
1. Entity Name TREASURE COAST HORIZONS, L.L.C.					
Principal Place of Business 3098 S.W. CEDAR TRAIL PALM CITY, FL 34990 <i>CHANGE</i>			Mailing Address 3555 BRICKELL CT. LAND O LAKES, FL 34639 <i>CHANGE</i>		
2. Principal Place of Business 16143 RAMBLING ROAD Suite, Apt. #, etc.		3. Mailing Address 16143 RAMBLING ROAD Suite, Apt. #, etc.			
City & State ODESSA FL		City & State ODESSA FL		4. FEI Number 65-1080863	
Zip 33556		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GIBBONS, MICHAEL 3555 BRICKELL CT. LAND O LAKES, FL 34639			7. Name and Address of New Registered Agent Name <u>SANDRA A. GIBBONS</u> Street Address (P.O. Box Number is Not Acceptable) 16143 RAMBLING ROAD City <u>ODESSA</u> <u>FL</u> Zip Code <u>33556</u>		
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 <u>Sandra A. Gibbons</u> DATE <u>3/2/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GIBBONS, MICHAEL J 3555 BRICKELL CT LAND O LAKES, FL 34639	<input checked="" 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	MGRM GIBBONS, SANDRA 9550 S. OCEAN DR APT 308 JENSEN BEACH, FL 34957	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANDRA GIBBONS 16143 RAMBLING ROAD ODESSA FL 33556 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BULLOCK, MARK 3098 S.W. CEDAR TRAIL PALM CITY, FL 34990	<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	MGRM BULLOCK, BROOKING 9950 SO OCEAN DR JENSEN BEACH, FL 34957	<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	MGRM OCHAL, TARA 23612 ABEACORN LANE LAND O LAKES, FL 34639	<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	MGRM 	<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 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: <u>Sandra A. Gibbons</u>			Date <u>3/2/05</u> (813) 792 0307		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					