2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2006
Secretary of State

DOCUMENT# L01000002384

Entity Name: TREASURE COAST HORIZONS, L.L.C.

Current Principal Place of Business:

16143 RAMBLING ROAD
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

16143 RAMBLING ROAD
ODESSA, FL 33556

New Mailing Address:

FEI Number: 65-1080863 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GIBBONS, SANDRA A
16143 RAMBLING ROAD
ODESSA, FL 33556 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:	MGRM	( ) Delete
Name:	GIBBONS, SANDRA	
Address:	16143 RAMBLING ROAD	
City-St-Zip:	ODESSA, FL 33556	
Title:	MGRM	( ) Delete
Name:	BULLOCK, MARK	
Address:	3098 S.W. CEDAR TRAIL	
City-St-Zip:	PALM CITY, FL 34990	
Title:	MGRM	( ) Delete
Name:	BULLOCK, BROOKING	
Address:	9950 SO OCEAN DR	
City-St-Zip:	JENSEN BEACH, FL 34957	
Title:	MGRM	( ) Delete
Name:	OCHAL, TARA	
Address:	23612 ABEACORN LANE	
City-St-Zip:	LAND O LAKES, FL 34639	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGRM	(X) Change ( ) Addition
Name:	BULLOCK, BROOKING	
Address:	3098 S.W. CEDAR TRAIL	
City-St-Zip:	PALM CITY, FL 34990	
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 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: SANDRA GIBBONS PRES 03/29/2006

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