

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2003 8:00 am
Secretary of State

02-20-2003 90024 024 ****50.00

DOCUMENT # L02000009954

1. Entity Name

TREASURE COAST HOME MANAGEMENT, LLC



Principal Place of Business

Mailing Address

661 MAPLEWOOD DRIVE
SUITE 20
JUPITER FL 33458

661 MAPLEWOOD DRIVE
SUITE 20
JUPITER FL 33458

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

75-3054825

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, RICHARD T ESQ.
250 AUSTRALIAN AVENUE SOUTH
SUITE 1601
WEST PALM BEACH FL 33401

Name

William C. Hanson

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

661 Maplewood Drive #20

Jupiter, FL 33458

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

Loretta P. Evans

Loretta P. Evans

2-11-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: President, Treasurer Delete
NAME: Loretta P. Evans
STREET ADDRESS: 9121 N. Military Trail, Suite
CITY-ST-ZIP: Palm Beach Gardens, FL 204
33418 Delete

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

TITLE: Delete
NAME: Delete
STREET ADDRESS: Delete
CITY-ST-ZIP: Delete

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

TITLE: Vice President, Secretary Delete
NAME: William C. Hanson
STREET ADDRESS: 661 Maplewood Drive #20
CITY-ST-ZIP: Jupiter, FL 33458 Delete

TITLE: Change Addition
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STREET ADDRESS: Change Addition
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CITY-ST-ZIP: Change 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:

Loretta P. Evans

Loretta P. Evans

2-11-03

561-622-8856

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

Date

Daytime Phone #

CR2E083 (10/02)