

# 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  
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  
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STREET ADDRESS:  Change  Addition  
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STREET ADDRESS:  Delete  
CITY-ST-ZIP:  Delete

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
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*

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)