


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 24, 2004 8:00 am**  
**Secretary of State**


02-24-2004 90098 006 \*\*\*\*50.00

<b>DOCUMENT # L02000017297</b>	
1. Entity Name TREASURES DEVELOPMENT, L.L.C.	

Principal Place of Business 2875 N.E. 191ST STREET TURNBERRY PLAZA, SUITE 801 AVENTURA FL 33180	Mailing Address 2875 N.E. 191ST STREET TURNBERRY PLAZA, SUITE 801 AVENTURA FL 33180
--	--

2. Principal Place of Business 3035 NE 208 STREET Suite, Apt. #, etc.	3. Mailing Address 3035 NE 208 STREET Suite, Apt. #, etc.
---	---

City & State AVENTURA, FLORIDA	City & State AVENTURA, FLORIDA
Zip 33180	Zip 33180
Country USA	Country USA

	
MOORE	CR2E083 (11/03)
4. FEI Number NO-T APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SERBER, DANIEL J ESQ. 2875 N.E. 191ST STREET TURNBERRY PLAZA, SUITE 801 AVENTURA FL 33180	
---	--

7. Name and Address of New Registered Agent	
Name RICHARD STEAD	Street Address (P.O. Box Number is Not Acceptable) 3035 NE 208 STREET
City AVENTURA	FL   Zip Code 33180

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 T. T. T. RICHARD STEAD DATE 2/17/2004

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<input type="checkbox"/> Delete
NAME STEAD, RICHARD	
STREET ADDRESS 2875 N.E. 191ST STREET	
CITY-ST-ZIP AVENTURA FL 33180	
TITLE MGRM	<input type="checkbox"/> Delete
NAME STEAD, ANA	
STREET ADDRESS 2875 N.E. 191ST STREET	
CITY-ST-ZIP AVENTURA FL 33180	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS / CHANGES	
TITLE MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STEAD, RICHARD	
STREET ADDRESS 3035 NE 208 STREET	
CITY-ST-ZIP AVENTURA, FL 33180	
TITLE MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STEAD, ANA	
STREET ADDRESS 3035 NE 208 STREET	
CITY-ST-ZIP AVENTURA, FL 33180	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: T. T. T. RICHARD STEAD DATE 2/17/2004 DAYTIME PHONE # 305 937 0427

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