

**ANNUAL REPORT**

2/1

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90140 018 \*\*\*\*50.00

**DOCUMENT # L02000020845**1. Entity Name  
**TREASURE COAST PREFERRED PROPERTIES, L.L.C.**Principal Place of Business  
**756 S.E. PORT ST. LUCIE BLVD.  
PORT ST. LUCIE, FL 34984**Mailing Address  
**756 S.E. PORT ST. LUCIE BLVD.  
PORT ST. LUCIE, FL 34984**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

01192008

Chg-LLC

CR2E083 (11/05)

4. FEI Number

**14-1844854**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent -

**BREAULT, LARRY  
756 S.E. PORT ST. LUCIE BLVD.  
PORT ST. LUCIE, FL 34984**

7. Name and Address of New Registered Agent -

Name

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

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.

Printed name of registered agent and filer (if applicable)

(NOTE: Registered Agent signature required when requalifying)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006****Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP BREAULT, MEREDITH 756 SE POST ST BLVD PORT SAINT LUCIE, FL 34984 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P BREAULT, LARRY 756 SE PORT ST LUCIE BLVD PORT SAINT LUCIE, FL 34984 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-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 exemptions contained in Chapter 119, 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 606, Florida Statutes.

SIGNATURE

*Meredith Breault**3/6/06*



ATTACHMENT

30002085

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 20, 2006

TREASURE COAST PREFERRED PROPERTIES, L.L.C.  
756 S.E. PORT ST. LUCIE BLVD.  
PORT ST. LUCIE, FL 34984

Subject: TREASURE COAST PREFERRED PROPERTIES, L.L.C.

Reference Number: 102000020845

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION