

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90146 029 ****55.00

DOCUMENT # L02000026059

1. Entity Name

TREASURE LAKE, L.L.C.



Principal Place of Business

1134 S. PWERLINE RD
POMPANO BEACH, FL 33069

Mailing Address

1134 S. PWERLINE RD
POMPANO BEACH, FL 33069

44064272



04262004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

42-1552681

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEPHENSON, DWIGHT
1180 SOUTH POWERLINE ROAD, #208
POMPANO BEACH, FL 33069

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
MGRM
MENDIGUREN, FIDEL
STREET ADDRESS
930 SR. OCEAN BLVD
CITY-ST-ZIP
DELRAY BEACH, FL 33483

TITLE
NAME
MGRM
STEPHENSON, DWIGHT
STREET ADDRESS
4785 TREE FERN DR.
CITY-ST-ZIP
DELRAY BEACH, FL 33445

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

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

Fidel Mendiguren

Date

4/27/04

Daytime Phone #

954-971-1606