2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000026059

1. Entity Name
TREASURE LAKE, L.L.C.

Principal Place of Business	Mailing Address
1134 S. PWERLINE RD POMPANO BEACH, FL 33069	1134 S. PWERLINE RD POMPANO BEACH, FL 33069

05022005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
10 S New River Drive	10 S New River Drive
Suite, Apt. #, etc. Suite 100	Suite, Apt. #, etc. Suite 100
City & State Ft. Lauderdale, FL	City & State Ft. Lauderdale, FL
Zip 33301 Country Broward	Zip 33301 Country Broward

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	7. Name and Address of New Registered Agent
STEPHENSON, DWIGHT 1180 SOUTH POWERLINE ROAD, #208 POMPANO BEACH, FL 33069	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.

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 September 7, 2005**		**Make check payable to** **Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM NAME MENDIGUREN, FIDEL STREET ADDRESS 930 SR. OCEAN BLVD CITY-ST-ZIP DELRAY BEACH, FL 33483	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE MGRM NAME STEPHENSON, DWIGHT STREET ADDRESS 4785 TREE FERN DR. CITY-ST-ZIP DELRAY BEACH, FL 33445	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS 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: _____ 5/2/05 954-571-1606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #