

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000026059

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

FILED
May 05, 2008
Secretary of State

Current Principal Place of Business:

10 S NEW RIVER DRIVE
SUITE 100
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

97 WALLINGFORD STREET
FROSTPROOF, FL 33843

Current Mailing Address:

10 S NEW RIVER DRIVE
SUITE 100
FORT LAUDERDALE, FL 33301

New Mailing Address:

97 WALLINGFORD STREET
FROSTPROOF, FL 33843

FEI Number: 42-1552681

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEPHENSON, DWIGHT
10 S NEW RIVER DRIVE
SUITE 100
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

MENDIGUREN, FIDEL
930 S. OCEAN BLVD
DELRAY BEACH, FL 33483 US

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.

SIGNATURE: FIDEL MENDIGUREN

05/05/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MENDIGUREN, FIDEL
Address: 930 SR. OCEAN BLVD
City-St-Zip: DELRAY BEACH, FL 33483

Title: MGRM (X) Delete
Name: STEPHENSON, DWIGHT
Address: 4785 TREE FERN DR.
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: FIDEL MENDIGUREN

MGRM

05/05/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date