

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000032556

FILED
May 09, 2005
Secretary of State

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

Current Principal Place of Business:

12443 SAN JOSE BLVD., #404
JACKSONVILLE, FL 32256

New Principal Place of Business:

12443 SAN JOSE BLVD., #404
JACKSONVILLE, FL 32223

Current Mailing Address:

12443 SAN JOSE BLVD., #404
JACKSONVILLE, FL 32256

New Mailing Address:

12443 SAN JOSE BLVD., #404
JACKSONVILLE, FL 32223

FEI Number: 04-3731461 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

RASO, ANTHONY
12443 SAN JOSE BLVD.
JACKSONVILLE, FL 32223 US

Name and Address of New Registered Agent:

RASO, ANTHONY
12443 SAN JOSE BLVD.
404
JACKSONVILLE, FL 32223 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: ANTHONY RASO

05/09/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: RASO, ANTHONY
Address: 12443 SAN JOSE BLVD., #404
City-St-Zip: JACKSONVILLE, FL 32223

Title: MGRM () Delete
Name: RASO, ANTHONY
Address: 12443 SAN JOSE BLVD., #404
City-St-Zip: JACKSONVILLE, FL 32223

Title: MGRM () Delete
Name: BLAIR, VALERIE
Address: 1173 HIDEAWAY DRIVE NORTH
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGRM () Delete
Name: BLAIR, VALERIE
Address: 1173 HIDEAWAY DRIVE NORTH
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES:

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

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

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 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 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: VALERIE BLAIR

MGRM

05/09/2005

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