

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

L02000032556

DOCUMENT # L02000032556

1. Entity Name

TREASURE HOMES, L.L.C.



FILED

03 OCT 10 PM 1:33

STATE OF FLORIDA
TALLAHASSEE

Principal Place of Business

1173 HIDEAWAY DRIVE NORTH
JACKSONVILLE FL 32259

Mailing Address

1173 HIDEAWAY DRIVE NORTH
JACKSONVILLE FL 32259

2. Principal Place of Business

12443 San Jose Blvd.

3. Mailing Address

12443 San Jose Blvd.

Suite, Apt. #, etc.

404

Suite, Apt. #, etc.

404

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32256

Country

USA

Zip

32256

Country

USA

4. FEI Number

04-3731461

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

FISHER, MICHAEL W
ONE INDEPENDENT DR., STE. 2600
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name

Anthony M. Raso

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

1173 Hideaway Dr N.

City

Jacksonville

FL

Zip Code

32259

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

Anthony M. Raso

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

(NOTE: Registered Agent signature required when reinstating)

10/9/03

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE *President*
NAME *Anthony Raso*
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME *BK*
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE *President - MGRM*
NAME *Anthony Raso*
STREET ADDRESS *1173 Hideaway Dr. N.*
CITY-ST-ZIP *Jacksonville, FL 32259* ☐ Change ☒ Addition

TITLE *Vice President - MGRM*
NAME *Valerie Blair*
STREET ADDRESS *1173 Hideaway Dr. N.*
CITY-ST-ZIP *Jacksonville, FL 32259* ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Anthony M. Raso

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

10/9/03

Date

904-759-0456

Daytime Phone #

CR2E083 (4/03)