


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000022869		
1. Entity Name TREASURE COAST PARTNERS LLC		
Principal Place of Business 711 N. DIXIE HIGHWAY SUITE 200 WEST PALM BEACH, FL 33401 US		Mailing Address 711 N. DIXIE HIGHWAY SUITE 200 WEST PALM BEACH, FL 33401 US
DO NOT WRITE IN THIS SPACE		
		01122006No Chg-LLC CR2E083 (11/05)
4. FEI Number 43-2019777		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent		
PERCY, GLENN S 711 NORTH DIXIE HIGHWAY SUITE 200 WEST PALM BEACH, FL 33401		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PERCY, GLENN S 711 NORTH DIXIE HIGHWAY, SUITE 200 WEST PALM BEACH, FL 33401	<div>U00000519575</div> <div>05/02/06-80060-003 50.00</div> DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARROLD, PETER 711 NORTH DIXIE HIGHWAY, SUITE 200 WEST PALM BEACH, FL 33401	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>3/28/06</u> Daytime Phone # <u>(561) 697-8444</u>