2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000030953

1. Entity Name TREÁSURE BAY HOUSE, LLC

Principal Place of Business

. Mailing Address

1105 NORTH JACKADEE POINT INVERNESS, FL 34453 US

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FILED Mar 13, 2006 08:00 AM **Secretary of State**



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01302008 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 57-1190609

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent

CEPARANO, JOHN J 2450 NORTH CITRUS HILLS BOULEVARD HERNANDO, FL 34442

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	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 hite if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	

Filing Fee is \$50.00 Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
NAME STREET ADDRESS CTTY-ST-ZIP	MGRM SUNDBERG, KIM S 1105 NORTH JACKADEE POINT INVERNESS, FL 34453
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HANNAH, DEBRA L 1105 NORTH JACKADEE POINT INVERNESS, FL 34453
TITLE NAME STREET ADDRESS CITY-ST-ZP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
ictle Name Street address City-St-Zip	

U00000462739 03/21/06-80047-017 150.00

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11. I hereby certify that the information supplied with this fitting 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: A

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