


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90277 041 *****50.00

DOCUMENT # L03000030956	
1. Entity Name TREASURE BAY HOUSE TOO, LLC	

Principal Place of Business 1105 NORTH JACKADEE POINT INVERNESS FL 34453 US	Mailing Address 1105 NORTH JACKADEE POINT INVERNESS FL 34453 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/06)

4. FEI Number 52-2414225		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent CEPARANO, JOHN J 2450 NORTH CITRUS HILLS BOU HERNANDO FL 34442		7. Name and Address of New Registered Agent Name Debra L Hannah Street Address (P.O. Box Number is Not Acceptable) 1105 N Jackadee Pt Inverness FL 34453 City FL Zip Code


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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM SUNBERG, KIM S 1105 NORTH JACKADEE POINT INVERNESS FL 34453 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM HANNAH, DEBRA 1105 NORTH JACKADEE POINT INVERNESS FL 34453 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **Debra L Hannah** **2/15/07 (352) 726-5932**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #