2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

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SECRETARY OF STATE DOCUMENT # L03000033762 DIVISION OF CORPORATIONS 1. Entity Name TREÁSURE COAST COMMUNITIES, L.L.C. 07 DEC 11 PM 1:19 Principal Place of Business Mailing Address 6301 SE FEDERAL HWY. P.O. BOX 2970 STUART, FL 34997 STUART, FL 34995 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 11302007 Chg-LLC CR2E083 (12/06) City & State City & State 4 FELNumber Applied For 41-2109442 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KENNETH A. NORMAN DOUGHERTY, JEFFREY P Street Address (P.O. Box Number is Not Acceptable) 6301 SE FEDERAL HWY. STUART, FL 34997 2400 SE FEDERAL HIGHWAY, 4TH FLOOR STUART Zip Code 34994 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 regist SIGNATURE Signature, typed or pri (NOTE: Registered Agent signature required when reinstating) Make check payable to Amended AR is \$50.00 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE MGR 🖾 Delete TITLE ☐ Change X Addition NAME DOUGHERTY, JEFFREY P BASHANT, SR., GERALD W. NAME P. O. BOX 2970 STUART, FL 34995 STREET ADDRESS 6301 SE FEDERAL HWY STREET ADDRESS STUART, FL 34997 CITY-ST-ZiP CITY-ST-ZIP MGR TITLE ☐ Delete TITLE □ Change ☐ Addition KNOTT, PAMELA NAME NAME 900113158289 12/14/07--01047--003 ***50.00 6301 SE FEDERAL HWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STUART, FL 34997 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP fling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the gowered to execute this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that the information supplied with this, indicated on this report is true and accurate and that limited liability company of the receiver or trustee em MANAGER SIGNATURE: TED NAM GING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

FILED

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*Board Certified Elder Law Lawyer **Board Certified Real Estate Lawyer ***Board Certified Wills, Trusts & Estates Lawyer

December 7, 2007

Florida Department of State Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

RE: Treasure Coast Communities, LLC Document No. L03000033762

Dear Sir or Madam:

Enclosed are the following:

- 1. 2007 Limited Liability Company Amended Annual Report.
- 2. Check for \$50.00 filing fee.

Please file the Amended Annual Report. If you have any questions, please call.

Very truly yours.

Karen L. McGhee, CP

Certified Paralegal to Kenneth A. Norman

/klm

cc: Gerald W. Bashant, Sr.

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