2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000018216

Entity Name: TREASURE COAST PROMOTIONS, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
5300 GLADES CUTOFF RD FT PIERCE, FL 34981	

Current Mailing Address:	**New Mailing Address:**
5300 GLADES CUTOFF RD FT PIERCE, FL 34981	

FEI Number: 36-3286134   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
KANCILIA, JOHN R ESQ 1800 W HIBISCUS BLVD, STE 138 MELBOURNE, FL 32901 US	TRABULSY, PAUL R 5300 GLADES CUTOFF RD. FORT PIERCE, FL 34981 US

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.

SIGNATURE: PAUL TRABULSY   07/03/2006

               Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	P ( ) Delete	Title:	( ) Change ( ) Addition
Name:	BUSCH, PETER W	Name:	
Address:	5300 GLADES CUOFF RD.	Address:	
City-St-Zip:	FORT PIERCE, FL 34981	City-St-Zip:	

Title:	VP ( ) Delete	Title:	( ) Change ( ) Addition
Name:	TRABULSY, PAUL	Name:	
Address:	5300 GLADES CUOFF RD.	Address:	
City-St-Zip:	FORT PIERCE, FL 34981	City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PAUL TRABULSY   VP   07/03/2006

         Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date