

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000018216

**FILED**  
**Apr 22, 2008**  
**Secretary of State**

**Entity Name:** TREASURE COAST PROMOTIONS, LLC

**Current Principal Place of Business:**

5300 GLADES CUTOFF RD  
FT PIERCE, FL 34981

**New Principal Place of Business:**

**Current Mailing Address:**

5300 GLADES CUTOFF RD  
FT PIERCE, FL 34981

**New Mailing Address:**

**FEI Number:** 36-3286134

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TRABULSY, PAUL R  
5300 GLADES CUTOFF RD.  
FORT PIERCE, FL 34981 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

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

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

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

04/22/2008

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