## **J2007 LIMITED LIABILITY COMPANY** ANNUAL REPORT

## Apr 17, 2007 8:00 am Secretary of State DOCUMENT # L04000018743 04-17-2007 90250 032 \*\*\*\*55.00 1520 TREASURE HOLDINGS L.L.C. Principal Place of Business Mailing Address 60037554 1310 BAY DRIVE 1310 BAY DRIVE MIAMI BEACH, FL 33141 MIAMI BEACH, FL 33141 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 20315 N.E. 19TH CORT <u> 20315 N.E. 19TH COURT</u> Suite, Apt. #, etc. Suite, Apt. #, etc. 04092007 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number NORTH MIAMI BEACH, FLORIDA NORTH MIAMI BEACH, FLORIDA 76-0755556 Not Applicable Country USA 33179 Country \$5.00 Additional 5. Certificate of Status Desired USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SLC CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 1001 BRICKELL BAY DRIVE, #3112 MIAMI, FL 33131 City Zip Code FL 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, typed or printed name of registered agent and title if applicable DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE TITLE ☐ Change ☐ Addition ☐ Delete DAYLIGHT MANAGEMENT LTD. NAME NAME 2250 SUNTRUST INT'L CTR, ONE SE THIRD AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP TITLE MGR ☐ Defete TITLE MER Change ☐ Addition CTIRO, YOLANDE 20315 N.E. 191H COURT CITRO, YOLANDE NAME NAME 1310 BAY DRIVE STREET ADDRESS STREET ADDRESS NORTH MIAMI BEACH, FLORIDA 33179 MIAMI BEACH, FL 33141 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 11. I hereby certify that the information supplied with this filing 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 powered to execute this report as required by Chapter 608, Florida Statutes. limited liability company or the rec MANAGER 04\_09\_07 SIGNATÚRE: AND TYPED OR PRINTED NAME OF IGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

FILED