
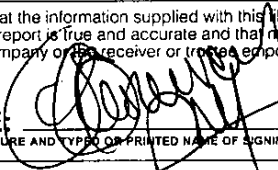


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90204 020 \*\*\*\*50.00

|  |   |  |  |   |   |
|--|---|--|--|---|---|
| <b>DOCUMENT # L04000030923</b><br>1. Entity Name<br>TRESKAS, LLC   |   |  |  |                |   |
| Principal Place of Business<br>119 SINCLAIR STREET, SW<br>PORT CHARLOTTE, FL 33952   |   |  | Mailing Address<br>119 SINCLAIR STREET, SW<br>PORT CHARLOTTE, FL 33952 |   |   |
| 2. Principal Place of Business   |   | 3. Mailing Address   |  |   |   |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |  |   |   |
| City & State   |   | City & State   |  | 4. FEI Number<br><b>20-1094022</b>  |   |
| Zip  |   | Country  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required |   |
| 6. Name and Address of Current Registered Agent  |   |  | 7. Name and Address of New Registered Agent                            |   |   |
| CASANOVA, LUIS A<br>119 SINCLAIR STREET, SW<br>PORT CHARLOTTE, FL 33952  |   |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____  |   |  |  |   |   |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>  |   | <b>Make check payable to<br/>Florida Department of State</b> |  |   |   |
| 9. MANAGING MEMBERS/MANAGERS   |   |  | 10. ADDITIONS/CHANGES  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>CASANOVA, LUIS A<br>119 SINCLAIR STREET, SW<br>PORT CHARLOTTE, FL 33952 | <input type="checkbox"/> Delete                              |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>CASANOVA, ENA C<br>119 SINCLAIR STREET, SW<br>PORT CHARLOTTE, FL 33952  | <input type="checkbox"/> Delete                              |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete                              |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete                              |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete                              |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete                              |  | TITLE<br>NAME<br>STREET ADDRESS<br>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 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |   |  |  |   |   |
| <b>SIGNATURE:</b>   |   |  | Date: <b>3-1-06</b> Daytime Phone #: <b>941-883-3313</b>               |   |   |