

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000039736

FILED
Apr 22, 2005
Secretary of State

Entity Name: TREASURE COAST HOMEBUYERS, LLC

Current Principal Place of Business:

473 PENINSULA DRIVE
FORT PIERCE, FL 34946

New Principal Place of Business:

473 PENNINSULA DRIVE
FORT PIERCE, FL 34946

Current Mailing Address:

473 PENINSULA DRIVE
FORT PIERCE, FL 34946

New Mailing Address:

473 PENNINSULA DRIVE
FORT PIERCE, FL 34946

FEI Number: 20-1167240

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOLOMON, MARC I
2385 EXECUTIVE CENTER DRIVE
STE# 190
BOCA RATON, FL 33431 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/MEMBERS:

Title: MGRM () Delete
Name: PANOR,LLC,
Address: 473 PENNINSULA DRIVE
City-St-Zip: FORT PIERCE, FL 34946

Title: MGRM () Delete
Name: TEAM HOMEBUYERS,INC.,
Address: 800 VIRGINIA AVENUE, STE # 57
City-St-Zip: FORT PIERCE, FL 34982

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PANOR,LLC,
Address: 473 PENNINSULA DRIVE
City-St-Zip: FORT PIERCE, FL 34946

Title: MGRM (X) Change () Addition
Name: TEAM HOMEBUYERS,INC.,
Address: 725 SE PORT ST. LUCIE BLVD., SUITE 201
City-St-Zip: PORT ST. LUCIE, FL 34984

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARC I.SOLOMON

MGRM

04/22/2005

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