

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000040289

FILED
Jan 24, 2005
Secretary of State

Entity Name: TREASUREVEST OSLO, LLC

Current Principal Place of Business:

5065 HIGHWAY A-1-A
VERO BEACH, FL 32963

New Principal Place of Business:

5065 HIGHWAY A-1-A
VERO BEACH, FL 32963 US

Current Mailing Address:

5065 HIGHWAY A-1-A
VERO BEACH, FL 32963

New Mailing Address:

5065 HIGHWAY A-1-A
VERO BEACH, FL 32963 US

FEI Number: 20-2205533

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSSWAY, MOORE & TAYLOR
5070 HIGHWAY A-1-A, SUITE 200
VERO BEACH, FL 32963 US

Name and Address of New Registered Agent:

TAYLOR, JOHN E JR
3505 OCEAN DRIVE
VERO BEACH, FL 32963 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: JOHN E TAYLOR JR

01/24/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: MAYFLOWER PARTNERSHI, P
Address: 3505 OCEAN DRIVE ATTN LOU MALIKOW
City-St-Zip: VERO BEACH, FL 32963 US

Title: MGR () Change (X) Addition
Name: TAYLOR, JOHN E JR
Address: 3505 OCEAN DRIVE
City-St-Zip: VERO BEACH, FL 32963 US

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: JOHN E. TAYLOR JR

MGR

01/24/2005

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