

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


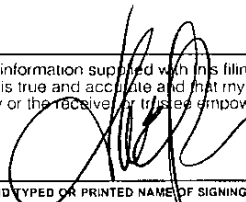
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Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90087 034 ****50.00

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01262006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L04000040289					
1. Entity Name TREASUREVEST OSLO, LLC					
Principal Place of Business 5065 HIGHWAY A-1-A VERO BEACH, FL 32963 US		Mailing Address 5065 HIGHWAY A-1-A VERO BEACH, FL 32963 US			
2. Principal Place of Business <i>3505 OCEAN DRIVE</i>		3. Mailing Address <i>3505 OCEAN DRIVE</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>VERO BEACH, FL</i>		City & State <i>VERO BEACH, FL</i>		4. FEI Number 20-2205533	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
Zip <i>32963</i>	Country <i>INDIAN RIVER</i>	Zip <i>32963</i>	Country <i>INDIAN RIVER</i>		
6. Name and Address of Current Registered Agent TAYLOR, JOHN E JR 3505 OCEAN DRIVE VERO BEACH, FL 32963			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
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 _____					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TREASUREVEST, LTD. 3505 OCEAN DRIVE VERO BEACH, FL 32963	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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.					
SIGNATURE: 			Date: <i>2/6/06</i> Phone: <i>772-231-5858</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					