

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 22, 2007 08:00 A
Secretary of State

DOCUMENT # L04000054815

1. Entity Name
TREASURE ISLAND TOWNHOMES, LLC



Principal Place of Business
13907 CARROLLWOOD VILLAGE RUN
TAMPA, FL 33618 US

Mailing Address
13907 CARROLLWOOD VILLAGE RUN
TAMPA, FL 33618 US



03192007No Chg-LLC

CR2E083 (1/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1408277

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FAIRBANKS, GARY
13907 CARROUWOOD VILLAGE RD
TAMPA, FL 33618

**DO NOT WRITE
IN THIS SPACE**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
RAPPAPORT, ALEXANDER G
13907 CARROLLWOOD VILLAGE RUN
TAMPA, FL 33618

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
RAPPAPORT, JASON
13907 CARROLLWOOD VILLAGE RUN
TAMPA, FL 33618

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

U00000676499
03/30/07-80063-003 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

A.G. RAPPAPORT

3/19/07 813-269-0899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone