2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000056516

1. Entity Name
TREASURE COAST INVESTORS, L.L.C.

Principal Place of Business	Mailing Address
P.O. BOX 651142 VERO BEACH, FL 32965 US	P.O. BOX 651142 VERO BEACH, FL 32965 US

DO NOT WRITE IN THIS SPACE

04282006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number 34-2007921	Applied For Not Applicable
5. Certificate of Status Desired ☐	$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RICHARDS, WILLIAM A
5095 E. 1ST. SQ. SW
VERO BEACH, FL 32968

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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, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	RICHARDS, PAMELA D
STREET ADDRESS	P.O. BOX 651142
CITY-ST-ZIP	VERO BEACH, FL 32965
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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05/12/06-80015-019 50.00

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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: *Pamela D. Richards*   04-28-06   (772)778-5233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #