

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000081259

FILED  
Apr 30, 2006  
Secretary of State

Entity Name: TREASURE ISLAND 7 L.L.C.

**Current Principal Place of Business:**

11555 GULF BLVD  
#113  
TREASURE ISLAND, FL 33706

**New Principal Place of Business:**

**Current Mailing Address:**

16921 MELISSA ANN DR  
LUTZ, FL 33558

**New Mailing Address:**

FEI Number: 38-3711413

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HARTSFIELD, TAMELA  
16921 MELISSA ANN DR  
LUTZ, FL 33558 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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: COPENHAVER, ELIZABETH  
Address: 18936 ST.LAURENT DRIVE  
City-St-Zip: LUTZ, FL 33558

Title: MGRM ( ) Delete  
Name: GIDEON, JILL  
Address: 4630 WESTFORD CIRCLE  
City-St-Zip: TAMPA, FL 33618

Title: MGRM ( ) Delete  
Name: COPENHAVER, CHRISTOPHER  
Address: 15123 DEER MEADOW  
City-St-Zip: LUTZ, FL 33559

Title: MGRM ( ) Delete  
Name: HARTSFIELD, TAMELA  
Address: 16921 MELISSA ANN DRIVE  
City-St-Zip: LUTZ, FL 33558

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: TAMELA HARTSFIELD

VP

04/30/2006

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