

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 31, 2005**  
**Secretary of State**

DOCUMENT# L05000000180

**Entity Name:** TREASURE ISLAND DEVELOPMENT GROUP, LLC

**Current Principal Place of Business:**

9773 SW SANTA MONICA DR.  
PALM CITY, FL 34990

**New Principal Place of Business:**

**Current Mailing Address:**

9773 SW SANTA MONICA DR.  
PALM CITY, FL 34990

**New Mailing Address:**

**FEI Number:** 56-2495495      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

DIGIACOMO, MICHAEL  
9773 SW SANTA MONICA DR  
PALM CITY, FL 34990 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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: DIGIACOMO, MICHAEL  
Address: 9773 SW SANTA MONICA DR.  
City-St-Zip: PALM CITY, FL 34990

Title: MGRM ( ) Delete  
Name: HORNE, JAMES  
Address: 9773 SW SANTA MONICA DR.  
City-St-Zip: PALM CITY, FL 34990

**ADDITIONS/CHANGES:**

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 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: MICHAEL DIGIACOMO

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05/31/2005

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