

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000023585

FILED
Jan 20, 2009
Secretary of State

Entity Name: TREASURE HILL FARM, LLC

Current Principal Place of Business:

215 SE 8TH AVE.
C/O RONALD ZAZZIRA
BOYNTON BEACH, FL 33435

New Principal Place of Business:

New Mailing Address:

700 GLOUCESTER STREET
BOCA RATON, FL 33487

Current Mailing Address:

215 SE 8TH AVE.
C/O RONALD ZAZZIRA
BOYNTON BEACH, FL 33435

FEI Number: 20-2524941

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZAZZIRA, RONALD
215 SE 8TH AVE.
BOYNTON BEACH, FL 33435 US

Name and Address of New Registered Agent:

ZAZZIRA, RONALD
700 GLOUCESTER STREET
BOCA RATON, FL 33487 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: RONALD ZAZZIRA

01/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ZAZZIRA, RONALD A
Address: 215 SE 8TH AVENUE
City-St-Zip: BOYNTON BEACH, FL 33435

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ZAZZIRA, RONALD A
Address: 700 GLOUCESTER STREET
City-St-Zip: BOCA RATON, FL 33487

Title: MGRM () Change (X) Addition
Name: ZAMMATARO, PATRICIA
Address: 700 GLOUCESTER STREET
City-St-Zip: BOCA RATON, FL 33487

I hereby certify that the information supplied with this filing does not qualify 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: RONALD ZAZZIRA

MGRM

01/20/2009

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