

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000038375

FILED
Apr 30, 2007
Secretary of State

Entity Name: TREASURE COAST SWIMMING, LLC

Current Principal Place of Business:

115 SYCAMORE
JUPITER, FL 33458

New Principal Place of Business:

735 DAHLIA LANE
VERO BEACH, FL 32963

Current Mailing Address:

115 SYCAMORE
JUPITER, FL 33458

New Mailing Address:

735 DAHLIA LANE
VERO BEACH, FL 32963

FEI Number: 23-3913491

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARLOW, MATTHEW SCOTT
115 SYCAMORE
JUPITER, FL 33458 US

Name and Address of New Registered Agent:

BARLOW, MATTHEW SCOTT
735 DAHLIA LANE
VERO BEACH, FL 32963 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: _____

04/30/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BARLOW, MATTHEW SCOTT
Address: 115 SYCAMORE
City-St-Zip: JUPITER, FL 33458

Title: MGRM () Delete
Name: MCCLAIN, HOLLY C
Address: 115 SYCAMORE
City-St-Zip: JUPITER, FL 33458

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BARLOW, MATTHEW SCOTT
Address: 735 DAHLIA LANE
City-St-Zip: VERO BEACH, FL 32963

Title: MGRM (X) Change () Addition
Name: MCCLAIN, HOLLY C
Address: 735 DAHLIA LANE
City-St-Zip: VERO BEACH, FL 32963

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: MATTHEW S BARLOW

MGRM

04/30/2007

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