


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90428 020 ****50.00

DOCUMENT # L05000038702	
1. Entity Name TREASURE HUNTERS REAL ESTATE TEAM LLC	

Principal Place of Business 1121 SE 19TH TERR CAPE CORAL FL 33990 US	Mailing Address 1121 SE 19TH TERR CAPE CORAL FL 33990 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/05)

4. FEI Number
76-0790513

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

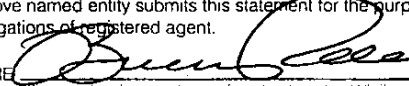
Applied For
☐ Not Applicable



6. Name and Address of Current Registered Agent ROLAND, BRENDA 1121 SE 19TH TERR CAPE CORAL FL 33990	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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  DATE **2-14-06**

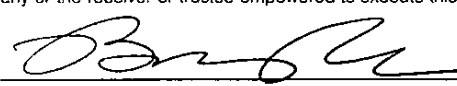
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<p>FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006</p>	
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9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ROLAND, BRENDA 1121 SE 19TH TERR CAPE CORAL FL 33990
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BROWN, SUZANNE 1121 SE 19TH TERR CAPE CORAL FL 33990
TITLE NAME STREET ADDRESS CITY - ST - ZIP	O ROLAND, ERIK 1121 SE 19TH TERR CAPE CORAL FL 33990
TITLE NAME STREET ADDRESS CITY - ST - ZIP	O BROWN, THOMAS 1121 SE 19TH TERR CAPE CORAL FL 33990
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President ERIK ROLAND 1121 SE 19TH TERR CAPE CORAL FL 33990
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  DATE **2-14-06** DAYTIME PHONE # **239 247 2904**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE