

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Feb 23, 2007 8:00 am
Secretary of State

01-29-2007 90147 016 ****55.00

DOCUMENT # L05000040291 1. Entity Name TREASURE COAST LAND INVESTMENTS, LLC					
Principal Place of Business 1298 BAYSHORE BLVD. PORT ST. LUCIE, FL 34984			Mailing Address 5842 N.W. GABO COURT PORT ST. LUCIE, FL 34986		
2. Principal Place of Business - No P.O. Box # 1290 Bayshore Blvd.		3. Mailing Address 149 Northchase Dr.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Port St. Lucie FL		City & State Concord NC		4. FEI Number 59-3811998	
Zip 34984		Country US		Zip 28027	
Country US		Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DEROSA, ANTHONY 5842 N.W. GABO COURT PORT ST. LUCIE, FL 34986				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u><i>Anthony Derosa</i></u> - <u><i>Managing Member</i></u> 1/19/07 <small>Signature, typed or printed name of Registered agent and title if applicable (NOTE: Registered Agent signature required when renewing) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEROSA, ANTHONY 5842 N.W. GABO COURT PORT ST. LUCIE, FL 34986			<input type="checkbox"/> Delete	
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	
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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 Chapter 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: <u><i>Anthony Derosa</i></u> Anthony Derosa				Date: <u>2/17/07</u> 772-475-5588	
<small>SIGNATURES AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					