

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000070712

Entity Name: TREASURE COAST II, LLC

FILED  
Apr 01, 2009  
Secretary of State

## Current Principal Place of Business:

14041 US HIGHWAY ONE  
JUNO BEACH, FL 33408

## New Principal Place of Business:

## Current Mailing Address:

165 N. MERAMEC  
400  
CLAYTON, MO 63105 US

## New Mailing Address:

FEI Number: 20-3180797      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TRUE, JOHN G  
14041 US HIGHWAY ONE  
JUNO BEACH, FL 33408 US

## Name and Address of New Registered Agent:

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/MANAGERS:

Title: MGRM ( ) Delete  
Name: TRUE, JOHN G  
Address: 14041 US HIGHWAY ONE  
City-St-Zip: JUNO BEACH, FL 33408 US

Title: MGRM ( ) Delete  
Name: IKEN, JEFF  
Address: 14041 US HIGHWAY ONE  
City-St-Zip: JUNO BEACH, FL 33408 US

Title: MGRM ( ) Delete  
Name: SAUR, CRAIG C  
Address: 165 N. MERAMEC, SUITE 400  
City-St-Zip: CLAYTON, MO 63105 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: CRAIG SAUR

MGR

04/01/2009

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