# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L05000082023**

1. Entity Name
TREASURE ISLAND WATERFRONT, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 2840 WEST BAY DRIVE #267 BELLEAIR BLUFFS, FL 33770 | 2840 WEST BAY DRIVE #267 BELLEAIR BLUFFS, FL 33770 |

**DO NOT WRITE IN THIS SPACE**

01112007 No Chg-LLC          CR2E083 (11/05)

| 4. FEI Number | Applied For |
|---|---|
| 20-3390284 | Not Applicable |

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

### 6. Name and Address of Current Registered Agent

NASH, THOMAS C II
625 COURT STREET, STE. 200
CLEARWATER, FL 33756

**DO NOT WRITE IN THIS SPACE**

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

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

**Filing Fee is $50.00**
**Due by May 1, 2007**

U00000657293
03/14/07-80055-023  50.00

| 9. | MANAGING MEMBERS / MANAGERS |
|---|---|
| TITLE | MGRM |
| NAME | CHADWICK, JEFFREY A |
| STREET ADDRESS | 2840 WEST BAY DRIVE, #267 |
| CITY-ST-ZIP | BELLEAIR BLUFFS, FL 33770 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE IN THIS SPACE**

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: Jeffry A Chadwick          2/1/07          813-282-1225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE          Date          Daytime Phone #