

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000102498

FILED  
Feb 07, 2006  
Secretary of State

Entity Name: TREASURE COAST RECEIVABLES, LLC

**Current Principal Place of Business:**

55 SE OSCEOLA STREET  
SUITE 201  
STUART, FL 34994 US

**New Principal Place of Business:**

**Current Mailing Address:**

55 SE OSCEOLA STREET  
SUITE 201  
STUART, FL 34994 US

**New Mailing Address:**

FEI Number: 20-3640702

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OLENSKY, WILLIAM  
2531 SW DALLAS STREET  
SUITE D  
PORT ST. LUCIE, FL 34953 US

**Name and Address of New Registered Agent:**

OLENSKY, WILLIAM  
2531 SW DALLAS STREET  
PORT ST. LUCIE, FL 34953 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: WILLIAM OLENSKY

02/07/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: TYE, WILLIAM G III  
Address: 1405 SE GOLDTREE DRIVE, SUITE D  
City-St-Zip: PORT ST. LUCIE, FL 34952 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: MGR ( ) Change (X) Addition  
Name: OLENSKY AND SCOTT, L, LC  
Address: 55 SE OSCEOLA STREET, STE.201  
City-St-Zip: STUART, FL 34994

I hereby certify that the information supplied with this filing does not qualify for the 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: JEANETTE S. SCOTT

MGR

02/07/2006

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