2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000105880

Entity Name: TREO ENTERPRISES LLC

Current Principal Place of Business:	**New Principal Place of Business:**
1880 SOUTH OCEAN DRIVE #705 HALLANDALE BEACH, FL 33009	

Current Mailing Address:	**New Mailing Address:**
PO BOX 40173 STATEN ISLAND, NY 10304	

FEI Number: FEI Number Applied For ( )   FEI Number Not Applicable (X)   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
ELARYA, LEYKIND 1880 SOUTH OCEAN DRIVE #705 HALLANDALE BEACH, FL 33009 US	STEVE, LEYKIND 1880 SOUTH OCEAN DRIVE #705 HALLANDALE BEACH, FL 33009 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: STEVE LEYKIND   02/12/2006
_____
                    Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGR ( ) Delete	Title:	( ) Change ( ) Addition
Name:	LEYKIND, STEVE	Name:	
Address:	P.O. BOX 40173	Address:	
City-St-Zip:	STATEN ISLAND, NY 10304	City-St-Zip:	

Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	ELARYA, LEYKIND	Name:	
Address:	2175 E. 15TH STREET #36	Address:	
City-St-Zip:	BROOKLYN, NY 11229	City-St-Zip:	

Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	LEON, BATKILIN	Name:	
Address:	2175 E. 15TH STREET #3C	Address:	
City-St-Zip:	BROOKLYN, NY 11229	City-St-Zip:	

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: STEVE LEYKIND   MGR   02/12/2006
_____
            Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date