

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000119668

FILED  
Mar 09, 2009  
Secretary of State

Entity Name: TREASURE COAST CURVES, LLC

**Current Principal Place of Business:**

837 NE JENSEN BEACH BLVD  
JENSEN BEACH, FL 34957 US

**New Principal Place of Business:**

**Current Mailing Address:**

7700 NORTH KENDALL DRIVE  
807  
MIAMI, FL 33156 US

**New Mailing Address:**

FEI Number: 02-0760939      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HARRING, DANIEL E  
7700 NORTH KENDALL DRIVE  
807  
MIAMI, FL 33156 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: MGR ( ) Delete  
Name: HARRING, KATHRYN L  
Address: 3645 LOQUAT AVE  
City-St-Zip: MIAMI, FL 33131 US

Title: MGR ( ) Delete  
Name: HARRING, DANIEL E  
Address: 7700 NORTH KENDALL DRIVE STE 807  
City-St-Zip: MIAMI, FL 33156 US

**ADDITIONS/CHANGES:**

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: DANIEL HARRING

MGR

03/09/2009

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