2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# L06000005226

Entity Name: TREASURE COAST FLYER, LLC

Current Principal Place of Business:

1441 SE DELENE CT
PORT SAINT LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

1441 SE DELENE CT
PORT SAINT LUCIE, FL 34952

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DINNEEN, JULIE A
1441 SE DELENE CT
PORT SAINT LUCIE, FL 34952 US

Name and Address of New Registered Agent:

RODRIGUEZ, JULIE A
1441 SE DELENE CT
PORT SAINT LUCIE, FL 34952 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: JULIE RODRIGUEZ 05/01/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: DINNEEN, JULIE A
Address: 1441 SE DELENE CT
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: MGR ( ) Delete
Name: JOHNSON, KELLY S
Address: 470 NE 210 CIRCLE TERR #203-11
City-St-Zip: NORTH MIAMI BEACH, FL 33179

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: JULIE DINNEEN MGR 05/01/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date