

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000028486

FILED  
Apr 09, 2007  
Secretary of State

Entity Name: TREASURE ISLAND LAND COMPANY, LLC

**Current Principal Place of Business:**

700 TUSKAWILLA STREET  
CLEARWATER, FL 33756

**New Principal Place of Business:**

**Current Mailing Address:**

700 TUSKAWILLA STREET  
CLEARWATER, FL 33756

**New Mailing Address:**

FEI Number: 20-4514345      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

NOELL, ROBERT  
700 TUSKAWILLA STREET  
CLEARWATER, FL 33756      US

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

NOELL JR, ROBERT E  
700 TUSKAWILLA STREET  
CLEARWATER, FL 33756      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: ROBERT E NOELL JR      04/09/2007  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: NOELL, ROBERT E JR.  
Address: 700 TUSKAWILLA STREET  
City-St-Zip: CLEARWATER, FL 33756

Title: MGRM ( ) Delete  
Name: TREASURE ISLAND FUN, CENTER, INC.  
Address: 700 TUSKAWILLA STREET  
City-St-Zip: CLEARWATER, FL 33756

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

**ADDITIONS/CHANGES:**

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

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

Title: MGRM ( ) Change (X) Addition  
Name: NOELL, PATRICIA L  
Address: 700 TUSKAWILLA STREET  
City-St-Zip: CLEARWATER, FL 33756

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: PATRICIA L. NOELL      MGRM      04/09/2007  
\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date