


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90365 033 \*\*\*\*55.00

|  |   |
|--|---|
| <b>DOCUMENT # L06000029101</b>                       |  |
| 1. Entity Name<br>TREASURE ISLAND SUNSET VISTAS, LLC |   |

|   |   |
|---|---|
| Principal Place of Business<br>11280 6TH STREET EAST<br>TREASURE ISLAND, FL 33706 | Mailing Address<br>11280 6TH STREET EAST<br>TREASURE ISLAND, FL 33706 |
|---|---|

**60038518**



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|--|--|
| 2. Principal Place of Business - No P.O. Box #<br>11280 5th St. E. | 3. Mailing Address<br>11280 5th St. E. |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.                    |

04182007 Chg-LLC CR2E083 (12/06)

|   |   |
|---|---|
| City & State<br>Treasure Island, FL 33706 | City & State<br>Treasure Island, FL 33706 |
| Zip<br>33706                              | Country                                   |

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>06-1773796 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|   |
|---|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required |
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|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><br>REID, DEBY<br>11285 6TH STREET EAST<br>TREASURE ISLAND, FL 33706 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |
|---|--|

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |  |
|---|--|
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b> | <b>Make check payable to<br/>Florida Department of State</b> |
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| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES                          |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>TURNER, JAMES M<br>11280 5TH STREET EAST<br>TREASURE ISLAND, FL 33706 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>TURNER, TINA<br>11280 5TH STREET EAST<br>TREASURE ISLAND, FL 33706 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>REID, TIMOTHY<br>11285 6TH STREET EAST<br>TREASURE ISLAND, FL 33706 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>REID, DEBY<br>11285 6TH STREET EAST<br>TREASURE ISLAND, FL 33706 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>LUND, JEFFREY T<br>499 HILLS LANE DRIVE<br>EL CAJON, CA 92020 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>LUND, HOLLY<br>499 HILLS LANE DRIVE<br>EL CAJON, CA 92020 <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** James M. Turner 4/18/07 727-444-1234  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #