

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000029101

FILED
Feb 04, 2009
Secretary of State

Entity Name: TREASURE ISLAND SUNSET VISTAS, LLC

Current Principal Place of Business:

11280 5TH ST EAST
TREASURE ISLAND, FL 33706

New Principal Place of Business:

Current Mailing Address:

11280 5TH ST EAST
TREASURE ISLAND, FL 33706

New Mailing Address:

FEI Number: 06-1773796

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

REID, DEBY
11285 6TH STREET EAST
TREASURE ISLAND, FL 33706 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: MGRM () Delete
Name: TURNER, JAMES M
Address: 11280 5TH STREET EAST
City-St-Zip: TREASURE ISLAND, FL 33706

Title: MGRM () Delete
Name: TURNER, TINA
Address: 11280 5TH STREET EAST
City-St-Zip: TREASURE ISLAND, FL 33706

Title: MGRM () Delete
Name: REID, TIMOTHY
Address: 11285 6TH STREET EAST
City-St-Zip: TREASURE ISLAND, FL 33706

Title: MGRM () Delete
Name: REID, DEBY
Address: 11285 6TH STREET EAST
City-St-Zip: TREASURE ISLAND, FL 33706

Title: MGRM () Delete
Name: LUND, JEFFREY T
Address: 499 HILLS LANE DRIVE
City-St-Zip: EL CAJON, CA 92020

Title: MGRM () Delete
Name: LUND, HOLLY
Address: 499 HILLS LANE DRIVE
City-St-Zip: EL CAJON, CA 92020

ADDITIONS/CHANGES:

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

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

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

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

Title: () Change () Addition
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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: JAMES M. TURNER

MGRM

02/04/2009

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