

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000035205

FILED
Jan 08, 2009
Secretary of State

Entity Name: TREASURE COAST HOSPITALITY LLC

Current Principal Place of Business:

2750-305 RACETRACK ROAD
#154
SAINT JOHNS, FL 32259

New Principal Place of Business:

1601 N.W. COURTYARD CIRCLE
PORT ST LUCIE, FL 34986

Current Mailing Address:

2750-305 RACETRACK ROAD
#154
SAINT JOHNS, FL 32259

New Mailing Address:

FEI Number: 20-4641072 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FEE, FRANK H III
500 VIRGINIA AVENUE
SUITE 200
FORT PIERCE, FL 34982 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: PATEL, BALVANTRAI G
Address: 813 N POKEBERRY PL.
City-St-Zip: JACKSONVILLE, FL 32259

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PATEL, BALVANTRAI G
Address: 2750-305 RACETRACK RD, #154
City-St-Zip: SAINT JOHNS, FL 32259

Title: MGRM () Change (X) Addition
Name: PATEL, DHIRENDRA
Address: 1601 N.W. COURTYARD CIRCLE
City-St-Zip: PORT ST LUCIE, FL 34986

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: BALVANT PATEL

MGRM

01/08/2009

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