

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000035205

**FILED**  
**Feb 14, 2011**  
**Secretary of State**

**Entity Name:** TREASURE COAST HOSPITALITY LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

9100 MERRILL RD  
#9-100  
JACKSONVILLE, FL 32225

**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:**

PATEL, DHIREN N  
1601 N.W. COURTYARD CIRCLE  
PORT ST LUCIE, FL 34686 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: DNP

02/14/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

I hereby 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: DNP

MGR

02/14/2011

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