2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L06000052169

1 Entity Name

TREASURE COAST REAL ESTATE SOLUTIONS, LLC



US

FILED Feb 04, 2008 08:00 A Secretary of State

Principal Place of Business

2198 SE BERSELL ROAD PORT ST. LUCIE, FL 34952 Mailing Address

PO BOX 8106

PORT SAINT LUCIE, FL 34985



02012008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4923354

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HANKE, ROBERT J JR. 1638 SE HOLIDAY RD PORT ST. LUCIE, FL 34952 DO NOT WRITE IN THIS SPACE

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

9.

Signature, typed or printed name of registered agent and title if applicable

MANAGING MEMBERS/MANAGERS

(NOTE: Registered Agent signature required when reinstating)

DATE

FiLE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HANKE, ROBERT J JR. 1638 SE HOLIDAY RD PORT ST. LUCIE, FL 34952
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11. I hereby certify that the information supplied with this filling 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 onth; that I am a managing member or manager of the limited liability company or the uncertainty or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTAT

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Daytime Phone #