

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jun 03, 2008  
Secretary of State**

DOCUMENT# L06000076031

**Entity Name:** TREASURE COAST PREMIER BATH SYSTEMS, LLC

**Current Principal Place of Business:**

866 ROULETTE LANE  
PORT ST LUCIE, FL 34983

**New Principal Place of Business:**

**Current Mailing Address:**

866 ROULETTE LANE  
PORT ST LUCIE, FL 34983

**New Mailing Address:**

**FEI Number:** 11-3786591      **FEI Number Applied For** ( )      **FEI Number Not Applicable** ( )      **Certificate of Status Desired** (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

ROBERT, ROSCELLO  
866 ROULETTE LANE  
PORT ST LUCIE, FL 34983      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:** MGR      ( ) Delete  
**Name:** ROSCELLO, ROBERT  
**Address:** 866 ROULETTE LANE  
**City-St-Zip:** PORT ST LUCIE, FL 34983

**ADDITIONS/CHANGES:**

**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: ROBERT ROSCELLO

OWNE

06/03/2008

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