

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000076465

Entity Name: LAND TREASURES, LLC

FILED
Feb 12, 2009
Secretary of State

Current Principal Place of Business:

336 CYPRESS LANDING DRIVE
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

336 CYPRESS LANDING DRIVE
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 20-5303822

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IOFFREDO, GLEN J
235 S. MAITLAND AVE.
SUITE 212
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

ROSSI, PAULETTE
520 SUMMERHAVEN DRIVE
DEBARY, FL 32713 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: PAULETTE ROSSI

02/12/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MIKE S, LLC,
Address: 336 CYPRESS LANDING DRIVE
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM () Delete
Name: SPERLING ENTERPRISES, , LLC
Address: 408 ARONOVITZ LANE
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SPERLING, MICHAEL S
Address: 336 CYPRESS LANDING DRIVE
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM (X) Change () Addition
Name: SPERLING ENTERPRISES, , LLC
Address: 520 SUMMERHAVEN DRIVE
City-St-Zip: DEBARY, FL 32713

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: PAULETTE ROSSI

MGRM

02/12/2009

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