2008 LIMITED LIABILITY COMPANY
AMENDED ANNUAL REPORT

DOCUMENT # L06000081477

1. Entity Name
TREAT STREET LLC

Principal Place of Business	Mailing Address
230 NORTH TAMIAMI TRAIL SARASOTA, FL 34236	230 NORTH TAMIAMI TRAIL SARASOTA, FL 34236

06242008   Chg-LLC   CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3333 NORTH TAMIAMI TRAIL	3333 NORTH TAMIAMI TRAIL
Suite, Apt. #, etc. SUITE 230	Suite, Apt. #, etc. SUITE 230
City & State SARASOTA, FLORIDA	City & State SARASOTA, FLORIDA
Zip 34234 Country U.S.A.	Zip 34234 Country U.S.A.

4. FEI Number
20-5391504   ☐ Applied For   ☐ Not Applicable

5. Certificate of Status Desired   ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PATTERSON, REMEDIOS FENOL 1050 VILLAGIO CIRCLE UNIT 208 SARASOTA, FL 34237	Name Street Address (P.O. Box Number is Not Acceptable) City _____ FL Zip Code

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 _Rfpatterson_
Signature typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Amended AR is $50.00

Make check payable to Florida Department of State

9.	MANAGING MEMBERS / MANAGERS		10.	ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PATTERSON, REMEDIOS 1050 VILLAGIO CIRCLE, UNIT 208 SARASOTA, FL 34237	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000132102650 07/03/08--01003--001 **50.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing 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 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: _Rfpatterson_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #