

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000094885

FILED
Apr 30, 2007
Secretary of State

Entity Name: TREASURE REAL ESTATE, LLC

Current Principal Place of Business:

2220 CR 210 W #108-128
JACKSONVILLE, FL 32259

New Principal Place of Business:

2220 CR 210 W
SUITE 108-128
JACKSONVILLE, FL 32259

Current Mailing Address:

2220 CR 210 W #108-128
JACKSONVILLE, FL 32259

New Mailing Address:

2220 CR 210 W
SUITE 108-128
JACKSONVILLE, FL 32259

FEI Number: 56-2613006

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SNIPES, ANTHONY T
516 ST. CLAUDE PL
JACKSONVILLE, FL 32259 US

Name and Address of New Registered Agent:

SNIPES, ANTHONY T
2220 CR 210 W
SUITE 108-128
JACKSONVILLE, FL 32259 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: ANTHONY T SNIPES

04/30/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JONES, ROBERT L
Address: 4212 OAK LANE
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: MGRM () Delete
Name: MCCUNE, JAMES P
Address: 99 ORANGE ST
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: MGRM () Delete
Name: SNIPES, ANTHONY T
Address: 516 ST CLAUDE PL
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGRM () Delete
Name: SNIPES, SAMANTHA
Address: 516 ST CLAUDE PL
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JONES, ROBERT L
Address: 224 BRANTLEY HARBOR DR
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: SNIPES, ANTHONY T
Address: 2220 CR 210 W #108-128
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGRM (X) Change () Addition
Name: SNIPES, SAMANTHA
Address: 2220 CR 210 W #108-128
City-St-Zip: JACKSONVILLE, FL 32259

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: SAMANTHA SNIPES

MGRM

04/30/2007

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