

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000104109

**FILED**  
**Jan 10, 2007**  
**Secretary of State**

**Entity Name:** TREASURE COAST BEVERAGE, LLC

**Current Principal Place of Business:**

5300 GLADES CUTOFF ROAD  
FT PIERCE, FL 34981

**New Principal Place of Business:**

**Current Mailing Address:**

5300 GLADES CUTOFF ROAD  
FT PIERCE, FL 34981

**New Mailing Address:**

**FEI Number:** 20-5869500

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HANDLER, HENRY B  
2255 GLADES ROAD  
218A  
BOCA RATON, FL 33431 US

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

TRABULSY, PAUL R  
5300 GLADES CUTOFF ROAD  
FORT PIERCE, FL 34981 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: PAUL TRABULSY

01/10/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: BUSCH, PETER  
Address: 5300 GLADES CUTOFF ROAD  
City-St-Zip: FORT PIERCE, FL 34981

I hereby certify that the information supplied with this filing does not qualify for the 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: PETER BUSCH

MGR

01/10/2007

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