2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000120358

Entity Name: TREASURE COAST ARTISTS, LLC

FILED Apr 29, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2881 SE OCEAN BLVD. STUART, FL 34996 **Current Mailing Address: New Mailing Address:** 2881 SE OCEAN BLVD. STUART, FL 34996 FEI Number: 02-0707718 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COFFMAN, JUDITH D WINTER, THOMAS G 2101 SE HARLOW STREET 2108 SW HUNTERS CLUB WAY US PORT ST. LUCIE, FL 34952 PALM CITY, FL 34990 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: THOMAS WINTER 04/29/2008 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition MGRM () Delete HEWSON, RUTHANN Name: Name: 642 SW PINE TREE LANE Address: Address: City-St-Zip: PALM CITY, FL 34990 City-St-Zip: Title: MGRM () Delete Title: MGRM (X) Change () Addition THOMAS, NANCY Name: WINTER, THOMAS Name: Address: 1398 SW BALMORAL TRACE Address: 2108 SW HUNTERS CLUB WAY City-St-Zip: STUART, FL 34997 City-St-Zip: PALM CITY, FL 34990 Title: MGRM () Delete Title: () Change () Addition RODY, KIMBERLY Name: Name: 418 KRUEGER PARKWAY Address: Address: City-St-Zip: STUART, FL 34996 City-St-Zip: Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: COFFMAN, JUDITH Name: YOUNG, LISA P Address: 2101 SE HARLOW STREET Address: 4236 SE PALMETTO ST City-St-Zip: PORT ST LUCIE, FL 34952 City-St-Zip: STUART, FL 34887 Title: MGRM (X) Delete Title: () Change () Addition HUGHES, CAROL Name: Name: 1869 SE BOWIE STREET Address: Address: City-St-Zip: PORT ST LUCIE, FL 34952 City-St-Zip: Title: (X) Delete Title: () Change () Addition JUCKNIESS, RICHARD Name: Name: Address: 748 SW MUNJACK CIRCLE Address: PORT ST LUCIE, FL 34986 City-St-Zip: 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: THOMAS WINTER MGRM 04/29/2008