

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000048367

FILED
Jan 16, 2009
Secretary of State

Entity Name: TREASURE ISLAND OF NORTH BAY LLC

Current Principal Place of Business:

1630 79TH STREET CAUSEWAY
NORTH BAY VILLAGE, FL 33141

New Principal Place of Business:

Current Mailing Address:

1630 79TH STREET CAUSEWAY
NORTH BAY VILLAGE, FL 33141

New Mailing Address:

FEI Number: 20-8764470

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

THE METCH LAW FIRM, P.A.
20801 BISCAYNE BLVD., SUITE 307
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PATEL, VIJAY
Address: 1630 79TH STREET CAUSEWAY
City-St-Zip: NORTH BAY VILLAGE, FL 33141

Title: MGR () Delete
Name: DESAI, ASHISH
Address: 1630 79TH STREET CAUSEWAY
City-St-Zip: NORTH BAY VILLAGE, FL 33141

Title: MGRM () Delete
Name: PATEL, KEVIN
Address: 1630 79TH STREET CAUSEWAY
City-St-Zip: NORTH BAY VILLAGE, FL 33141

ADDITIONS/CHANGES:

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

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

Title: () Change () Addition
Name:
Address:
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: VIJAY

MGRM

01/16/2009

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