

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000116360

Entity Name: TREASURE COVE LLC

FILED
Feb 07, 2009
Secretary of State

Current Principal Place of Business:

5117 COMMERCIAL WAY
SPRING HILL, FL 34606

New Principal Place of Business:

5240 MARINER BLVD
SPRING HILL, FL 34609

Current Mailing Address:

5117 COMMERCIAL WAY
SPRING HILL, FL 34606

New Mailing Address:

5240 MARINER BLVD
SPRING HILL, FL 34609

FEI Number: 51-0656456

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUSSELL, FREDERICK
5117 COMMERCIAL WAY
SPRING HILL, FL 34606 US

Name and Address of New Registered Agent:

GRACZYK, TAMMY
5240 MARINER BLVD
SPRING HILL, FL 34609 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: TAMMY GRACZYK

02/07/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RUSSELL, FREDERICK
Address: 5117 COMMERCIAL WAY
City-St-Zip: SPRING HILL, FL 34606

Title: MGRM () Delete
Name: NIEDER, CRYSTAL
Address: 5117 COMMERCIAL WAY
City-St-Zip: SPRING HILL, FL 34606

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RUSSELL, FREDERICK
Address: 5240 MARINER BLVD
City-St-Zip: SPRING HILL, FL 34609

Title: MGRM (X) Change () Addition
Name: GRACZYK, TAMMY
Address: 5240 MARINER BLVD
City-St-Zip: SPRING HILL, FL 34609

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: TAMMY GRACZYK

MGR

02/07/2009

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