2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L07000121315

Entity Name: TREASURE COVE DP, LLC

Current Principal Place of Business:

425 W. COLONIAL DR.
SUITE 204
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

425 W. COLONIAL DR.
SUITE 204
ORLANDO, FL 32804

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DONATO, EVELYN
7826 SADDLE CREEK TRAIL
SARASOTA, FL 34241 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:	MGR	( ) Delete
Name:	HOUGHTON, GEORGE	
Address:	425 W. COLONIAL DR., #204	
City-St-Zip:	ORLANDO, FL 32804	
Title:	DV	( ) Delete
Name:	HOUGHTON, GARY	
Address:	425 W. COLONIAL DR., #204	
City-St-Zip:	ORLANDO, FL 32804	
Title:	DS	( ) Delete
Name:	NICHOLSON, CHRISTIAN	
Address:	7915 VERSILIA DRIVE	
City-St-Zip:	ORLANDO, FL 32836	
Title:	DIR	( ) Delete
Name:	HOUGHTON, JENNIFER	
Address:	425 W. COLONIAL DR., #204	
City-St-Zip:	ORLANDO, FL 32804	
Title:	DIR	( ) Delete
Name:	HOUGHTON, JILL	
Address:	425 W. COLONIAL DR., 3204	
City-St-Zip:	ORLANDO, FL 32804	

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:	
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: CHRISTIAN NICHOLSON DS 04/30/2009

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