

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M05000001994**

1. Entity Name  
**TREASURE COAST, LLC**



Principal Place of Business  
**TEN FREE STREET 4TH FL  
PORTLAND, ME 04101**

Mailing Address  
**TEN FREE STREET 4TH FL  
PORTLAND, ME 04101**

1100000466733  
03/23/06-80022-012 50.00



01092006No Chg-LLC

CRZE083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**42-1629151**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CANADY, PAMELA S  
3375 20TH STREET STE 130  
VERO BEACH, FL 32960**

**DO NOT WRITE  
IN THIS SPACE**

6. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
THOMPSON, DANIEL G  
155 CENTER STREET BLDG G BOX 7  
AUBURN, ME 04210**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
CASWELL, DANA  
PO BOX 199  
WATERVILLE, ME 04901**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
KOZLOSKI, PETER  
9 GRANITE RIDGE  
CUMBERLAND, ME 04110**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 808, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**Daniel G. Thompson, Manager 02/08/06 (207) 783-6339**

Date

Daytime Phone #