



**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # M05000001994 1. Entry Name TREASURE COAST, LLC	
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Principal Place of Business TEN FREE STREET 4TH FL PORTLAND, ME 04101	Mailing Address TEN FREE STREET 4TH FL PORTLAND, ME 04101
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DO NOT WRITE IN THIS SPACE

	
01042007 No Chg-LLC	CR2E083 (11/05)
4. FEI Number 42-1629151	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

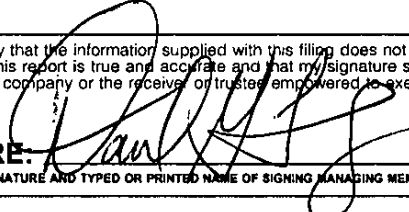
**Filing Fee is \$50.00
Due by May 1, 2007**

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	

U0000006069399
01/31/07-80019-005 50.00

**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 608, Florida Statutes.

SIGNATURE:  Daniel G. Thompson, Manager (207) 783-6339 01/18/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #