## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000028933

Entity Name: TREASURE COAST EQUITY LENDERS, INC.

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

5094 SE FEDERAL HWY STUART, FL 34997 US

Current Mailing Address: New Mailing Address:

5094 SE FEDERAL HWY STUART, FL 34997 US

FEI Number: 65-0586673 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KLEIN, ROBERT C
505 SE ST LUCIE BLVD
STUART, FL 34996 US

KLEIN, ROBERT C
505 SE ST LUCIE BLVD
STUART, FL 349961320 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: 04/28/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP ( ) Delete Title: DP (X) Change ( ) Addition

Name: FRISCH, SIDNEY JR Name: FRISCH, SIDNEY JR
Address: 14 N PEORIA STREET SUITE 2E Address: 14 N PEORIA STREET SUITE 2E

Address: 14 N PEORIA STREET SUITE 2E Address: 14 N PEORIA STREET SUITE 2E City-St-Zip: CHICAGO, IL 60607 City-St-Zip: CHICAGO, IL 60607 US

Title: V ( ) Delete Title: V (X) Change ( ) Addition
Name: KLEIN. ROBERT C Name: KLEIN. ROBERT C

 Name:
 KLEIN, ROBERT C
 Name:
 KLEIN, ROBERT C

 Address:
 505 SE ST LUCIE BLVD.
 Address:
 505 SE ST LUCIE BLVD.

 City-St-Zip:
 STUART, FL
 City-St-Zip:
 STUART, FL 349961320 US

Title: VS () Delete Title: VS (X) Change () Addition

 Name:
 KLEIN, SANDRA L
 Name:
 KLEIN, SANDRA L

 Address:
 505 SE ST LUCIE BLVD.
 Address:
 505 SE ST LUCIE BLVD.

 City-St-Zip:
 STUART, FL
 City-St-Zip:
 STUART, FL 349961320 US

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA L. KLEIN VS 04/28/2009