

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000002037

FILED
Jul 14, 2004
Secretary of State

Entity Name: PLATINUM COAST MORTGAGE SERVICES, LTD. CO.

Current Principal Place of Business:

ALLEN N. CRANE
1323 CHESAPEAKE AVENUE
NAPLES, FL 34102

New Principal Place of Business:

999 9TH ST. SO.
103
NAPLES, FL 34102

Current Mailing Address:

ALLEN N. CRANE
1323 CHESAPEAKE AVENUE
NAPLES, FL 34102

New Mailing Address:

999 9TH ST. SO.
103
NAPLES, FL 34102

FEI Number: 45-0500680

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHUMAKE, JIM D
900 6TH AVENUE SOUTH, SUITE 202
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

CRANE, ALLEN N
1323 CHESAPEAKE AVE
2C
NAPLES, FL 34102 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: A. NICK CRANE

07/14/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: CRANE, ALLEN N
Address: 1323 CHESAPEAKE AVENUE, #2C
City-St-Zip: NAPLES, FL 34102

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: PUCHALLA, MICHAEL J
Address: 4637 LAKEWOOD BLVD
City-St-Zip: NAPLES, FL 34112 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHAEL PUCHALLA

MGR

07/14/2004

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