## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# L02000023725

Title:

Name:

Address:

City-St-Zip:

(X) Delete

PIAZZA, ALISA R

2715 PIONEER TRAIL

MEDINA, MN 55340 US

Entity Name: AMERICAN COASTAL MORTGAGE, LLC

FILED May 06, 2003 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2715 PIONEER TRAIL 1580 SAWGRASS CORPORATE PARKWAY MEDINA, MN 55340 130 US SUNRISE, FL 33323 US **Current Mailing Address: New Mailing Address:** 2715 PIONEER TRAIL MEDINA, MN 55340 US FEI Number: 32-0033299 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NRAI SERVICES, INC 526 E. PARK AVENUE TALLAHASSEE, FL 32301 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: Electronic Signature of Registered Agent Date **MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:** MGRM (X) Change ( ) Addition () Delete COLSON, LOUIS D Name: KOSTRZEWA, SHAWN E Name: 2715 PIONEER TRAIL Address: 8243 HIAWATHA CIRCLE Address: City-St-Zip: MEDINA, MN 55340 US City-St-Zip: EDEN PRAIRIE, MN 55347 US Title: COO () Delete Title: MGRM (X) Change ( ) Addition KASBOHM, CHARLES P Name: KASBOHM, CHARLES P Name: Address: 2715 PIONEER TRAIL Address: 5990 66 LANE NORTH City-St-Zip: MEDINA, MN 55340 US City-St-Zip: GREENFIELD, MN 55357 US Title: () Delete Title: MGRM (X) Change ( ) Addition KOSTRZEWA, SHAWN E MUSICH, RONALD S Name: Name: Address: 2715 PIONEER TRAIL Address: 2715 PIONEER TRAIL City-St-Zip: MEDINA, MN 55340 US City-St-Zip: MEDINA, MN 55340 US Title: (X) Delete Title: () Change () Addition Name: MUSICH, RONALD S Name: Address: 2715 PIONEER TRAIL Address: City-St-Zip: MEDINA, MN 55340 US City-St-Zip:

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.

Title:

Name:

Address:

City-St-Zip:

() Change () Addition

SIGNATURE: SHAWN E KOSTRZEWA MGRM 05/06/2003