

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000024753

FILED  
Apr 30, 2005  
Secretary of State

Entity Name: TRANS GULF FINANCIAL LLC

## Current Principal Place of Business:

7545 CASTLE DRIVE  
SARASOTA, FL 34240

## New Principal Place of Business:

560 N WASHINGTON BLVD  
H  
SARASOTA, FL 34236

## Current Mailing Address:

7545 CASTLE DRIVE  
SARASOTA, FL 34240

## New Mailing Address:

560 N WASHINGTON BLVD  
H  
SARASOTA, FL 34236

FEI Number: 20-1118641

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RASMUSSEN, BILLIE J MS.  
7545 CASTLE DRIVE  
SARASOTA, FL 34240 US

## Name and Address of New Registered Agent:

RASMUSSEN, BILLIE J MS.  
560 N WASHINGTON BLVD  
H  
SARASOTA, FL 34236 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:

04/30/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM (X) Delete  
Name: SHELL, LAURA A  
Address: 630 CHARLES CARROLL STREET  
City-St-Zip: ORANGE PARK, FL 32073

Title: MGRM ( ) Delete  
Name: RASMUSSEN, TOM  
Address: 7545 CASTLE DRIVE  
City-St-Zip: SARASOTA, FL 34240

Title: MGRM ( ) Delete  
Name: RASMUSSEN, BILLIE J  
Address: 7545 CASTLE DRIVE  
City-St-Zip: SARASOTA, FL 34240

## ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition  
Name: RASMUSSEN, TOM  
Address: 560 N. WASHINGTON BLVD #H  
City-St-Zip: SARASOTA, FL 34236

Title: MGRM (X) Change ( ) Addition  
Name: RASMUSSEN, BILLIE J  
Address: 560 N. WASHINGTON BLVD #H  
City-St-Zip: SARASOTA, FL 34236

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: TOM RASMUSSEN

MGRM

04/30/2005

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