


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90071 010 ****50.00

DOCUMENT # L03000000614 1. Entity Name STK MORTGAGE, LLC			
Principal Place of Business 8946 MUSTANG ISLAND CIRCLE NAPLES, FL 34113		Mailing Address 8946 MUSTANG ISLAND CIRCLE NAPLES, FL 34113	
2. Principal Place of Business 8012 Grand Lely Dr Suite, Apt. #, etc.		3. Mailing Address 4501 Tamiami Tr Suite, Apt. #, etc. Suite 300	
City & State Naples, FL		City & State Naples, FL	
Zip 34113	Country	Zip 34103	Country
4. FEI Number 65-1174000		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent COLEMAN, KEVIN G 4001 TAMIAMI TRAIL NORTH, SUITE 300 NAPLES, FL 34103		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	NAME	TITLE	NAME
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
		Director	Kenneth C. Stock
		4501 Tamiami Tr., Suite 300	
		Naples, FL 34103	
		Director, Manager	Brian K. Stock
		4501 Tamiami Tr., Suite 300	
		Naples, FL 34103	
		Director	Brad Black
		4501 Tamiami Tr., Suite 300	
		Naples, FL 34103	
11. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Susan Pankratz</i> Susan Pankratz		4-28-04 239-592-7344 Date Daytime Phone #	