

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000002003

Entity Name: ST. PETE MORTGAGE, LLC

FILED  
Apr 30, 2004  
Secretary of State

**Current Principal Place of Business:**

8220 29TH AVE N.  
ST. PETERSBURG, FL 33710 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 48892  
ST. PETERSBURG, FL 33743 FL

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MALLER, KAREN E  
ONE PROGRESS PLAZA  
SUITE 1210  
ST. PETERSBURG, FL 33731 US

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

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:**

Title: MGRM ( ) Delete  
Name: BOCCUTI, MICHAEL J  
Address: 8220 29TH AVE. N.  
City-St-Zip: ST. PETERSBURG, FL 33710 US

Title: MGR ( ) Delete  
Name: BOCCUTI, PATRICIA M  
Address: 8220 29TH AVE. N.  
City-St-Zip: ST. PETERSBURG, FL 33710 US

**ADDITIONS/CHANGES:**

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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.

SIGNATURE: MICHAEL BOCCUTI

MGRM

04/30/2004

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