

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000020788

FILED
Jul 04, 2005
Secretary of State

Entity Name: SHORE TO SHORE MORTGAGE SOLUTIONS,LLC

Current Principal Place of Business:

1919 ROBINHOOD ST.
SUITE A
SARASOTA, FL 34231

New Principal Place of Business:

5560 BEE RIDGE RD.
SUITE 10
SARASOTA, FL 34233

Current Mailing Address:

1919 ROBINHOOD ST.
SUITE A
SARASOTA, FL 34231

New Mailing Address:

5560 BEE RIDGE RD.
SUITE 10
SARASOTA, FL 34233

FEI Number: 32-0079678 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CLAYDON, JAMES D
131 BEACH ROAD
SARASOTA, FL 34242 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/MANAGERS:

Title: MGR () Delete
Name: CLAYDON, JAMES D
Address: 131 BEACH ROAD
City-St-Zip: SARASOTA, FL 34242

Title: MGR () Delete
Name: WESTPHAL, CHRISTOPHER
Address: 6726 BRENTFORD RD
City-St-Zip: SARASOTA, FL 34241

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: JAMES CLAYDON

MRG

07/04/2005

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