



# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 11, 2004 8:00 am**  
**Secretary of State**

03-11-2004 90223 023 \*\*\*\*55.00

<b>DOCUMENT # L03000028432</b>					
<b>1. Entity Name</b> TREASURE COAST MORTGAGE COMPANY, LLC					
<b>Principal Place of Business</b> 3200 AIRPORT WEST DRIVE VERO BEACH, FL 32960 US			<b>Mailing Address</b> PO BOX 700729 WABASSO, FL 32970 US		
<b>2. Principal Place of Business</b> 2145 14 <sup>th</sup> Ave. Suite, Apt. #, etc.: Suite # 20B City & State: Vero Beach, FL Zip: 32960 Country: U.S.		<b>3. Mailing Address</b> 2145 14 <sup>th</sup> Ave. Suite, Apt. #, etc.: Suite 20B City & State: Vero Beach, FL Zip: 32960 Country: U.S.			
02202004 Chg-LLC CR2E083 (10/03)				<b>4. FEI Number</b> 16-1679473	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> VITELLO, PHILIP E ESQ 3200 AIRPORT WEST DRIVE VERO BEACH, FL 32960			<b>7. Name and Address of New Registered Agent</b> Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:		
<b>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.</b> SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BICKNELL, KYLE R 153 PATCHEN DRIVE, SUITE 21 LEXINGTON, KY 40157	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BICKNELL, DARRELL T 153 PATCHEN DRIVE, SUITE 21 LEXINGTON, KY 40157	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BICKNELL, DARRELL T 153 PATCHEN DRIVE, SUITE 21 LEXINGTON, KY 40157	<input type="checkbox"/> Delete			
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<b>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.</b>					
<b>SIGNATURE:</b> <i>Kyle Bicknell</i>		2/27/04 772-299-5255			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					