


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000028432 1. Entity Name TREASURE COAST MORTGAGE COMPANY, LLC	
--	---

Principal Place of Business 2145 14TH AVE STE 20B VERO BEACH, FL 32960 US	Mailing Address 2145 14TH AVE STE 20B VERO BEACH, FL 32960 US
---	---



DO NOT WRITE IN THIS SPACE

04182005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 16-1679473	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
--	-----------------------------------

6. Name and Address of Current Registered Agent

VITELLO, PHILIP E ESQ
3200 AIRPORT WEST DRIVE
VERO BEACH, FL 32960

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BICKNELL, KYLE R 153 PATCHEN DRIVE, SUITE 21 LEXINGTON, KY 40157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BICKNELL, DARRELL T 153 PATCHEN DRIVE, SUITE 21 LEXINGTON, KY 40157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000332620
04/26/05-80065-013 55.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/18/05 859-509-4730