

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90036 045 \*\*\*\*50.00

**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

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

04072006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
16-1679473

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$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

**7. Name and Address of New Registered Agent**

Name **KYLE BICKNELL**

Street Address (P.O. Box Number is Not Acceptable)

**2145 14th AVE STE 20B**

City **VERO BEACH** FL Zip Code **32960**

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/7/06**

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
BICKNELL, KYLE R  
153 PATCHEN DRIVE, SUITE 21  
LEXINGTON, KY 40157

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
BICKNELL, DARRELL T  
153 PATCHEN DRIVE, SUITE 21  
LEXINGTON, KY 40157

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**10. ADDITIONS/CHANGES**

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4/7/06**

Date

Daytime Phone #