

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000029174

FILED  
Jun 14, 2005  
Secretary of State

**Entity Name:** INTERCOASTAL MORTGAGE NETWORK, LLC

**Current Principal Place of Business:**

181 BELLEAIRE DRIVE  
PALM COAST, FL 32137 US

**New Principal Place of Business:**

2511 W MOODY BLVD  
FLAGLER BEACH, FL 32136 US

**Current Mailing Address:**

181 BELLEAIRE DRIVE  
PALM COAST, FL 32137 US

**New Mailing Address:**

2511 W MOODY BLVD  
FLAGLER BEACH, FL 32136 US

FEI Number: 55-0863739      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:**

SCALF, CHRISTOPHER J  
181 BELLEAIRE DRIVE  
PALM COAST, FL 32137 US

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

SCALF, CHRISTOPHER J  
25 LOUISBURG LANE  
PALM COAST, FL 32137 US

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: CHRISTOPHER SCALF

06/14/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SCALF, CHRISTOPHER J  
Address: 181 BELLEAIRE DRIVE  
City-St-Zip: PALM COAST, FL 32137 US

Title: MGRM ( ) Delete  
Name: SCALF, NANCY  
Address: 181 BELLEAIRE DRIVE  
City-St-Zip: PALM COAST, FL 32137 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SCALF, CHRISTOPHER J  
Address: 25 LOUISBURG LANE  
City-St-Zip: PALM COAST, FL 32137 US

Title: MGRM (X) Change ( ) Addition  
Name: SCALF, NANCY  
Address: 25 LOUISBURG LANE  
City-St-Zip: PALM COAST, FL 32137 US

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: CHRISTOPHER SCALF

MGRM

06/14/2005

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