

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000040792

FILED
Apr 26, 2005
Secretary of State

Entity Name: PLATINUM COAST TITLE INSURANCE AGENCY, LLC

Current Principal Place of Business:

1412 DEAN STREET
300
FORT MYERS, FL 33901

New Principal Place of Business:

2345 STANFORD COURT
603
NAPLES, FL 34112

Current Mailing Address:

PO BOX 9388
FORT MYERS, FL 33902

New Mailing Address:

2345 STANFORD COURT
603
NAPLES, FL 34112

FEI Number: 20-1173367

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BALLIRO, SEBASTIAN J
1412 DEAN STREET
300
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

BALLIRO, SEBASTIAN J
1822 BROADWAY
FORT MYERS, FL 33901 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: SEBASTIAN J BALLIRO

04/26/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BALLIRO, SEBASTIAN J
Address: 1412 DEAN STREET, SUITE 300
City-St-Zip: FORT MYERS, FL 33901

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BALLIRO, SEBASTIAN J
Address: 1822 BROADWAY
City-St-Zip: FORT MYERS, FL 33901

Title: MGRM () Change (X) Addition
Name: DORIA, ALBERT
Address: 2345 STANFORD COURT, SUITE 602
City-St-Zip: NAPLES, FL 34112

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: SEBASTIAN J BALLIRO

MGRM

04/26/2005

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