

**2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L04000058973

**FILED**  
**Aug 17, 2005**  
**Secretary of State****Entity Name:** COAST 2 COAST TITLE CONSULTANTS, LLC**Current Principal Place of Business:**1817 SE 5 COURT  
CAPE CORAL, FL 33990**New Principal Place of Business:****Current Mailing Address:**1817 SE 5 COURT  
CAPE CORAL, FL 33990**New Mailing Address:****FEI Number:** 27-0100881**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**COTO, RENE E ESQ.  
7950 NW 155 ST  
203  
MIAMI LAKES, FL 33016 US**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**Title: MGRM ( ) Delete  
Name: MENENDEZ, MITCHELL  
Address: 1817 SE 5 COURT  
City-St-Zip: CAPE CORAL, FL 33990Title: MGRM ( ) Delete  
Name: MENENDEZ, SANDRA A  
Address: 1817 SE 5 COURT  
City-St-Zip: CAPE CORAL, FL 33990Title: MGRM (X) Delete  
Name: GRANDA, ADA  
Address: 3215 SE 1 AVENUE  
City-St-Zip: CAPE CORAL, FL 33914**ADDITIONS/CHANGES:**Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SANDRA A. MENENDEZ

MGRM

08/17/2005

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