

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90554 034 ****55.00

DOCUMENT # L00000011206

1. Entity Name
CAPSTONE TITLE, LLC



Principal Place of Business
**4821 US HWY. 19
NEW PORT RICHEY, FL 34652**

Mailing Address
**7360 BRYAN DAIRY RD., STE. 200
LARGO, FL 33777**

24029817



2. Principal Place of Business

3. Mailing Address

2075 Centre Pointe Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02242004 Chg-LLC CR2E083 (10/03)

City & State

City & State

Tallahassee, FL

4. FEI Number

59-3669207

Applied For

Not Applicable

Zip

Country

Zip

Country

32308

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Lajoie, John T
2075 Centre Pointe Blvd.
Tallahassee, FL 32308**

Name

First American Affiliates, Inc.

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

2075 Centre Pointe Boulevard

City

Tallahassee

FL

Zip Code

32308

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

Ryan Gandy as VP of First American Affiliates Inc. 3/18/04

**Filing Fee is \$50.00
Due by May 1, 2004**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
FIRST AMERICAN AFFILIATES, INC.
7360 BRYAN DAIRY RD., STE. 200
LARGO, FL 33777** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
First American Affiliates, Inc.
2075 Centre Pointe Blvd.
Tallahassee FL 32308** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

Ryan Gandy as VP of First American Affiliates Inc. 3/18/04

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

Date

Daytime Phone #