

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000035022

**FILED**  
**Apr 19, 2004**  
**Secretary of State**

**Entity Name:** FLACO TITLE & ESCROW SERVICES, L.C.

**Current Principal Place of Business:**

2199 PONCE DE LEON BOULEVARD, SUITE 301  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2199 PONCE DE LEON BOULEVARD, SUITE 301  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 55-0861692

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STINSON, LOUIS JR  
2199 PONCE DE LEON BOULEVARD, SUITE 301  
CORAL GABLES, FL 33134

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

STEWART AGENT SERVICES  
2199 PONCE DE LEON BOULEVARD  
SUITE 301  
CORAL GABLES, FL 33134

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: LOUIS STINSON, JR.

04/19/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

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

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: STINSON, LOUIS JR  
Address: 2199 PONCE DE LEON BOULEVARD, SUITE 301  
City-St-Zip: CORAL GABLES, FL 33134

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: LOUIS STINSON, JR.

MGR

04/19/2004

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