


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90073 013 \*\*\*\*50.00

<b>DOCUMENT # L03000016180</b> 1. Entity Name LIBERTY NATIONAL TITLE, LLC					
Principal Place of Business C/O AFFILIATE DIVISON 5810 WEST CYPRESS STREET STE. E TAMPA, FL 33607			Mailing Address C/O AFFILIATE DIVISON 5810 WEST CYPRESS STREET STE. E TAMPA, FL 33607		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01162004    Chg-LLC    CR2E083 (10/03)	
Zip		Country		4. FEI Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">54-2108253</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 10px;">           Applied For  <input type="checkbox"/> Not Applicable         </div>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LAROSA, MICHAEL C/O AFFILIATE DIVISON 5810 WEST CYPRESS STREET STE. E TAMPA, FL 33607				Name <u>Fidelity Affiliates, LLC</u> Street Address (P.O. Box Number is Not Acceptable) <u>5810 W. Cypress St., Suite E</u> City <u>Tampa</u> <u>FL</u> Zip Code <u>33607</u>	
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 <u>[Signature]</u> as VP of Fidelity Affiliates, LLC    1/16/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			MGRM Fidelity Affiliates, LLC 5810 W. Cypress St., Suite E Tampa, FL 33607		
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Michael LaRosa</u> as VP of Man. Memb.    1/16/04    (813) 739-1690 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #</small>					