


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90177 002 ****55.00

DOCUMENT # L04000070441			
1. Entity Name SOUTHEAST FUNDING TITLE ASSOCIATES, LLC			
Principal Place of Business 5810 W. CYPRESS STREET SUITE E C/O AFFILIATE DIVISION TAMPA, FL 33607		Mailing Address 5810 W. CYPRESS STREET SUITE E C/O AFFILIATE DIVISION TAMPA, FL 33607	
2. Principal Place of Business 5640 W. Cypress St. Suite, Apt. #, etc. Ste A. ^{C/O} Affiliate Division		3. Mailing Address 5640 W. Cypress St. Suite, Apt. #, etc. Ste A. ^{C/O} Affiliate Division	
City & State Tampa FL		City & State Tampa, FL 33607	
Zip 33607 Country USA		Zip 33607 Country USA	
4. FEI Number 20-1769590		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		01132005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent FIDELITY AFFILIATES, LLC 5810 W. CYPRESS STREET SUITE E TAMPA, FL 33607		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		Zip Code	
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>Heather Whitacre</u>		Heather Whitacre - VP MGRM	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
DATE 1-14-05		DATE	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FIDELITY AFFILIATES, LLC 5810 W. CYPRESS STREET SUITE E TAMPA, FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Fidelity Affiliates, LLC 5640 W. Cypress St., Ste A Tampa FL 33607 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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>Heather Whitacre</u>		VP MGRM	
Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date 1-14-05 (813)289-7777	

20010449

