

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02-14-2005 90178 019 ****55.00

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DOCUMENT # L0400082557			
1. Entity Name WENTWORTH TITLE AGENCY, LLC			
Principal Place of Business 5810 WEST CYPRESS STREET, SUITE E C/O AFFILIATE DIVISION TAMPA, FL 33607		Mailing Address 5810 WEST CYPRESS STREET, SUITE E C/O AFFILIATE DIVISION TAMPA, FL 33607	
2. Principal Place of Business 5690 West Cypress St. Ste A Suite, Apt. #, etc. c/o Affiliate Division		3. Mailing Address 5690 West Cypress St. Suite, Apt. #, etc. Ste A c/o Affiliate Division	
City & State Tampa FL		City & State Tampa FL 33607	
Zip 33607		Country USA	
4. FEI Number 20-1835509		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 WEST CYPRESS STREET, SUITE E TAMPA, FL 33607		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL 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 <i>Heather Whitacre - Heather Whitacre - VP MGRM</i>		DATE 1-14-05	
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 WEST CYPRESS STREET, SUITE E TAMPA, FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Fidelity Affiliates, LLC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5690 W. Cypress St, Ste A. Tampa, FL 33607
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 <i>Heather Whitacre - Heather Whitacre</i>		DATE 1-14-05 813-289-7777	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	