


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02-14-2005 90178 020 \*\*\*\*55.00

<b>DOCUMENT # L03000049388</b> 1. Entity Name <b>FLORIDA TITLE INSURANCE PROFESSIONALS, LLC</b>			
Principal Place of Business <b>5810 WEST CYPRESS STREET STE. E TAMPA, FL 33607</b>		Mailing Address <b>5810 WEST CYPRESS STREET STE. E TAMPA, FL 33607</b>	
2. Principal Place of Business <b>5690 W. Cypress St</b> Suite, Apt. #, etc. <b>Ste A c/o Affiliate Division</b>		3. Mailing Address <b>5690 W. Cypress St</b> Suite, Apt. #, etc. <b>Ste A c/o Affiliate Division</b>	
City & State <b>Tampa FL</b>		City & State <b>Tampa FL</b>	
Zip <b>33607</b> Country <b>USA</b>		Zip <b>33607</b> Country <b>USA</b>	
4. FEI Number <b>20-0403919</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		01132005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent  <b>FIDELITY AFFILIATES, LLC 5810 WEST CYPRESS STREET STE. E TAMPA, FL 33607</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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> <b>Heather Whitacre VPMGRM 1-14-05</b> <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, 2005</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	MGRM FIDELITY AFFILIATES, LLC 5810 WEST CYPRESS STREET STE. E TAMPA, FL 33607	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Fidelity Affiliates, LLC 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 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
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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> <b>Heather Whitacre - VPMGRM</b>		Date <b>1-14-05</b> Daytime Phone # <b>813-289-7777</b>	