

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02-14-2005 90178 021 ****55.00

DOCUMENT # L04000024729 1. Entity Name FLORIDA WEST TITLE, LLC			
Principal Place of Business C/O AFFILIATE DIVISION 5810 WEST CYPRESS STREET, SUITE E TAMPA, FL 33607		Mailing Address C/O AFFILIATE DIVISION 5810 WEST CYPRESS STREET, SUITE E TAMPA, FL 33607	
2. Principal Place of Business 5690 W. Cypress St. Suite A - c/o Affiliate Division Tampa FL 33607		3. Mailing Address 5690 W. Cypress St. Suite A - c/o Affiliate Division Tampa FL 33607	
City & State Tampa FL		City & State Tampa FL	
Zip 33607 Country USA		Zip 33607 Country USA	
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 Heather Whitacre - Heather Whitacre VP MGRM 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 WEST CYPRESS STREET, SUITE E TAMPA, FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Fidelity Affiliates, LLC 5690 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
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 Heather Whitacre - Heather Whitacre VP MGRM 1-14-05		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	

20010452



01132005 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-0890621**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

FL Zip Code

813-289-7777