

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02-14-2005 90178 022 \*\*\*\*55.00

<b>DOCUMENT # L04000044861</b> 1. Entity Name <b>FOCUS TITLE, LLC</b>					
Principal Place of Business <b>C/O FIDELITY AFFILIATES, LLC 5810 W. CYPRESS ST, STE E TAMPA, FL 33607</b>			Mailing Address <b>C/O FIDELITY AFFILIATES, LLC 5810 W. CYPRESS ST, STE E TAMPA, FL 33607</b>		
2. Principal Place of Business <b>5690 W. Cypress St Suite, Apt. #, etc. Ste A c/o Affiliate Division</b>		3. Mailing Address <b>5690 W. Cypress St. Suite, Apt. #, etc. Ste A c/o Affiliate Division</b>			
City & State <b>Tampa FL</b>		City & State <b>Tampa FL</b>		01132005 Chg-LLC CR2E083 (10/03)	
Zip <b>33607</b> Country <b>USA</b>		Zip <b>33607</b> Country <b>USA</b>		4. FEI Number <b>20-1150832</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>FIDELITY AFFILIATES, LLC 5810 W. CYPRESS ST, 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 VP MGRM</b> <b>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	<b>MGRM FIDELITY AFFILIATES 5810 W. CYPRESS ST, STE E TAMPA, FL 33607</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Fidelity Affiliates, LLC 5690 W. Cypress St, Ste A Tampa, FL 33607</b> <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. <b>VP MGRM</b>					
SIGNATURE: <u>Heather Whitacre</u> <b>Heather Whitacre</b> <b>1-14-05 (813)289-7777</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					