

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000002782

FILED
May 10, 2004
Secretary of State

Entity Name: QUALITY TITLE OF MARION COUNTY, LLC

Current Principal Place of Business:

9860 SW 84TH COURT, SUITE E
OCALA, FL 34481

New Principal Place of Business:

Current Mailing Address:

9860 SW 84TH COURT, SUITE E
OCALA, FL 34481

New Mailing Address:

2161 SE FT. KING STREET
OCALA, FL 344712524 US

FEI Number: 59-3638966

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASTRANTONIO, ROXANNE
9860 SW 84TH CT. SE
OCALA, FL 34481 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: PD () Delete
Name: MASTRANTONIO, ROXANNE
Address: P.O. BOX 772394
City-St-Zip: OCALA, FL 34477

Title: VD () Delete
Name: MASTRANTONIO, ROGER
Address: P.O. BOX 772394
City-St-Zip: OCALA, FL 34477

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MASTRANTONIO, ROXANNE
Address: P.O. BOX 772394
City-St-Zip: OCALA, FL 34477

Title: MGR (X) Change () Addition
Name: MASTRANTONIO, ROGER
Address: P.O. BOX 772394
City-St-Zip: OCALA, FL 34477

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ROXANNE MASTRANTONIO

MGRM

05/10/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date