


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 19, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000003393**

1. Entity Name  
**GULF COAST TITLE PARTNERS, LLC**



Principal Place of Business 1403 E. BELMONT STREET PENSACOLA, FL 32501	Mailing Address 1403 E. BELMONT STREET PENSACOLA, FL 32501
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03102004 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3649647	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, JAMES S  
 500 COMMENDENCIA STREET  
 PENSACOLA, FL 32501

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)


**Filing Fee is \$50.00**  
**Due by May 1, 2004**

U00000092821  
 03/19/04-80024-010 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEGGS & LANE L.L.P. 500 COMMENDENCIA STREET PENSACOLA, FL 32501
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**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE: 3/12/04 DAYTIME PHONE #: 850 432-2451

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE