


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 27, 2004 8:00 am
Secretary of State


02-27-2004 90197 014 ****55.00

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|---|---|
| DOCUMENT # L00000014146 |  |
| 1. Entity Name EQUITY TITLE AGENCY, LLC | |

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| Principal Place of Business 10138 U.S. 19 PORT RICHEY FL 34668 | Mailing Address 10138 U.S. 19 PORT RICHEY FL 34668 |
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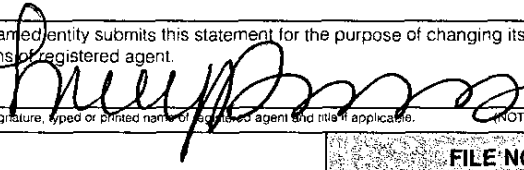
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|--|--|
| 2. Principal Place of Business 9735 U.S. Hwy. 19 | 3. Mailing Address 9735 U.S. Hwy. 19 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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| City & State PORT RICHEY, FL | City & State PORT RICHEY, FL |
| Zip 34668 | Country USA |

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| MOORE | CR2E083 (11/03) |
| 4. FEI Number 59-3689605 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent DWYER, LUCY 10138 US 19 PORT RICHEY FL 34668 | |
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| 7. Name and Address of New Registered Agent | |
| Name DWYER, LUCY | |
| Street Address (P.O. Box Number is Not Acceptable) 9735 U.S. Hwy. 19 | |
| City PORT RICHEY | Zip Code FL 34668 |

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| 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 |

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| <p>FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004</p> | |
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| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR KEYSTONE TITLE AGENCY, INC 10138 U.S. 19 PORT RICHEY FL 34668 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P PASTORI, BETTY 2715 FOREST RD. SPRING HILL FL 34606 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GRENON, ELAINE S 2715 FOREST RD. SPRING HILL FL 34606 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST DWYER, LUCY 10138 US 19 PORT RICHEY FL 34668 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD MOWRY, LORI 10138 US 19 PORT RICHEY FL 34668 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 10. ADDITIONS/CHANGES | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR KEYSTONE TITLE AGENCY, INC. 9735 U.S. HWY. 19 PORT RICHEY, FL 34668 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST DWYER, LUCY 9735 U.S. HWY. 19 PORT RICHEY, FL 34668 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD MOWRY, LORI 9735 U.S. HWY. 19 PORT RICHEY, FL 34668 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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| 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:  | Date Daytime Phone # |