2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2004
Secretary of State

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Entity Name: GULF CITIES TITLE, L.L.C.

Current Principal Place of Business:

900 SIXTH AVENUE SOUTH, SUITE 203
NAPLES, FL 34102

New Principal Place of Business:

900 SIXTH AVENUE SOUTH,
SUITE 203
NAPLES, FL 34102

Current Mailing Address:

900 SIXTH AVENUE SOUTH, SUITE 203
NAPLES, FL 34102

New Mailing Address:

900 SIXTH AVENUE SOUTH,
SUITE 203
NAPLES, FL 34102

FEI Number: 65-1095324 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHWEIKHARDT, WILLIAM
900 SIXTH AVE. SOUTH, SUITE 203
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

SCHWEIKHARDT, WILLIAM
900 SIXTH AVE. SOUTH
SUITE 203
NAPLES, FL 34102 US

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: _____ 03/24/2004

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: SCHWEIKHARDT, WILLIAM
Address: 900 SIXTH AVE. S., SUITE 203
City-St-Zip: NAPLES, FL 34102

Title: MGRM ( ) Delete
Name: PIEKART, BARBARA
Address: 11725 COLLIER BLVD STE D
City-St-Zip: NAPLES, FL 34116

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: WILLIAM SCHWEIKHARDT MGRM 03/24/2004

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