


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000015570</b> 1. Entity Name SECURITY FIRST TITLE PARTNERS OF ST JOE BEACH, LLC.	
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Principal Place of Business 6260 HWY 98 PORT ST JOE BEACH, FL 32456	Mailing Address 7360 BRYAN DAIRY RD., #200 LARGO, FL 33777
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  SECURITY FIRST TITLE AFFILIATES, INC. 7360 BRYAN DAIRY ROAD, SUITE 200 LARGO, FL 33777	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SECURITY FIRST TITLE AFFILIATES 7360 BRYAN DAIRY RD., STE 200 LARGO, FL 33777
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04/27/05-80149-003 50.00

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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)(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: Michael LaRosa, VP of MGRM 4/21/05 727-541-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #