

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000008114

FILED
Mar 11, 2004
Secretary of State

Entity Name: TITLE AFFILIATES OF CLEARWATER, L.L.C.

Current Principal Place of Business:

101 GATEWAY CENTRE PARKWAY
GATEWAY ONE
RICHMOND, VA 23235

New Principal Place of Business:

4900 CREEKSIDE DRIVE
CLEARWATER, FL 33760

Current Mailing Address:

4855 27TH STREET WEST
BRADENTON, FL 34207

New Mailing Address:

101 GATEWAY CENTRE PARKWAY
GATEWAY ONE
RICHMOND, VA 23235

FEI Number: 59-3739319

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIRTLEY, WILLIAM T ESQ.
1776 RINGLING BLVD
SARASOTA, FL 34236 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: MGRM () Delete
Name: USA TITLE AFFILIATES, INC
Address: 101 GATEWAY CENTER PKWY GATEWAY ONE
City-St-Zip: RICHMOND, VA 23235

Title: MGRM (X) Delete
Name: SEL-FAST REAL ESTATE,
Address: 2454 MCMULLEN BOTH RD STE 310
City-St-Zip: CLEARWATER, FL 33759

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FAGAN, DEBORAH J
Address: 4900 CREEKSIDE DRIVE
City-St-Zip: CLEARWATER, FL 33760

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: DEBORAH J. FAGAN

MGR

03/11/2004

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