

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000012374

FILED  
Apr 28, 2005  
Secretary of State

**Entity Name:** TITLE AFFILIATES OF INDIAN RIVER, 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  
SUITE F  
CLEARWATER, FL 33760

**Current Mailing Address:**

101 GATEWAY CENTRE PARKWAY  
GATEWAY ONE  
RICHMOND, VA 23235

**New Mailing Address:**

**FEI Number:** 65-1116272      **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 CNTR PKWY GATEWAY ONE  
City-St-Zip: RICHMOND, VA 23235

Title: MGRM ( ) Delete  
Name: FLECKRINGER, LAWRENCE  
Address: 4900 HIDDEN PINE PLACE  
City-St-Zip: COCOA, FL 32926

Title: MGRM ( ) Delete  
Name: HARTUNG, JAMES  
Address: 1493 STAFFORD AVENUE  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: MGRM ( ) Delete  
Name: JENLINEK, DAVID  
Address: 988 SABAL GROVE DRIVE  
City-St-Zip: ROCKLEDGE, FL 32955

Title: MGRM ( ) Delete  
Name: STARKEY, KATHY  
Address: 6901 ORANGE AVENUE  
City-St-Zip: CAPE CANAVERAL, FL 32920

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: USA TITLE AFFILIATES, INC  
Address: 101 GATEWAY CENTRE PARKWAY  
City-St-Zip: RICHMOND, VA 23235

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

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

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: HOPE VAUGHAN - USA TITLE AFFILIATES, INC.

VP

04/28/2005

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