

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000014995

FILED
Mar 12, 2004
Secretary of State

Entity Name: LAND TITLE OF CENTRAL FLORIDA, LLC

Current Principal Place of Business:

204 S. ROSE AVE.
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

204 S. ROSE AVE.
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 59-3742270

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'BERRY, SUSAN
204 S. ROSE AVE.
KISSIMMEE, FL 34741 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: HENDERSON, TOM
Address: 4465 BRADY ROAD
City-St-Zip: ST. CLOUD, FL 34772

Title: MGRM () Delete
Name: ARRIGONI, TOM
Address: 104 SHELL HARBOR LANE
City-St-Zip: SATSUMA, FL 32189

Title: MGRM () Delete
Name: O'BERRY, SUSAN
Address: 204 S. ROSE AVE.
City-St-Zip: KISSIMMEE, FL 34741

Title: MGRM () Delete
Name: BARTLETT-BROWN, CYNTHIA J
Address: 1750 KING HENRY DR.
City-St-Zip: KISSIMMEE, FL 34744

Title: MGRM (X) Delete
Name: MARK, BRIAN M
Address: 104 CHURCH ST.
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES:

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:

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: SUSAN O'BERRY

MGRM

03/12/2004

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