

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000015242

FILED
Feb 09, 2005
Secretary of State

Entity Name: TITLEMARK OF SOUTH TAMPA, LLC

Current Principal Place of Business:

3003 W. AZEELE STREET
SUITE 200
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

3003 W. AZEELE STREET
SUITE 200
TAMPA, FL 33609

New Mailing Address:

FEI Number: 59-3735472

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HICKS, HENRY W
3003 W. AZEELE STREET
SUITE 200
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

HICKS, HENRY W
3003 W. AZEELE STREET
SUITE 200
TAMPA, FL 33609 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: HENRY W. HICKS

02/09/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: TITLEMARK OF SOUTH T, AMPA INC
Address: 3003 W. AZEELE STREET SUITE 200
City-St-Zip: TAMPA, FL 33609

Title: MGRM () Delete
Name: HICKS, HENRY W
Address: 3003 W. AZEELE ST., SUITE 200
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TITLEMARK OF SOUTH T, AMPA INC
Address: 3003 W. AZEELE ST., SUITE 200
City-St-Zip: TAMPA, FL 33609

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: HENRY W. HICKS

MGRM

02/09/2005

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