

**LIMITED LIABILITY COMPANY  
UNIT FORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 08, 2002 8:00 am**  
**Secretary of State**

07-08-2002 90238 026 \*\*\*272.50

DOCUMENT # **L01000017199**

1. Entity Name

**Security First Title ~~Partners~~ Real Estate Network, LLC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**7360 Bryan Dairy Rd.**

Suite, Apt. #, etc.

**200**

City & State

**Largo, FL**

Zip

**33777**

Country

4. FEI Number

**65-1141039**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

**Security First Title Affiliates, Inc.**

Street Address (P.O. Box Number is Not Acceptable)

**7360 Bryan Dairy Rd. #200**

City **Largo, FL**

FL

Zip Code

**33777**

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

**25,000**

**FEE IS \$50.00**

**Make Check Payable to Department of State**

**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE **G.P.**  
NAME **Security First Title Affiliates, Inc.**  
STREET ADDRESS **7360 Bryan Dairy Rd. #200**  
CITY-ST-ZIP **Largo, FL 33777**

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
2002



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

Attachment

969900

DOCUMENT #

1. Corporation Name

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

Not Applicable

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

22

27

City & State

City & State

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

23

28

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☐ No

24

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29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Overtime Phone #



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

May 30, 2002

SECURITY FIRST TITLE PARTNERS REAL ESTATE NETWORK, LLC  
7360 BRYAN DAIRY RD.  
SUITE 200  
LARGO, FL 33777

SUBJECT: SECURITY FIRST TITLE PARTNERS REAL ESTATE NETWORK,  
LLC  
Ref. Number: L01000017199

We have received your document for SECURITY FIRST TITLE PARTNERS  
REAL ESTATE NETWORK, LLC and check(s) totaling \$272.50. However, your  
check(s) and document are being returned for the following:

The attached form must be completed in order to file the document.

The fee is \$50.

Please return your document, along with a copy of this letter, within 30 days or  
your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call  
(850) 245-6051.

Registration/Qualification Section  
Division of Corporations Letter Number: 502A00035022

Attachment  
Document #  
201000017199

Report Year

Filed Date

Intangible Tax

Previous Filing

Return to List

Next Filing

969000

No Events

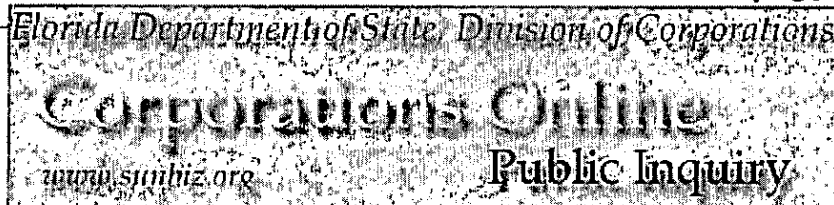
No Name History Information

[View Document Image\(s\)](#)

**THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT**

**Corporations Inquiry**

**Corporations Help**



## Florida Limited Liability

## SECURITY FIRST TITLE PARTNERS REAL ESTATE NETWORK, LLC

## PRINCIPAL ADDRESS

7000 WEST PALMETTO PARK ROAD  
SUITE 409  
BOCA RATON FL 33433  
Changed 12/19/2001

65-1141039

## MAILING ADDRESS

7360 BRYAN DAIRY RD.  
SUITE 200  
LARGO FL 33777

Document Number  
L01000017199

FEI Number  
NONE

Date Filed  
10/04/2001

State  
FL

Status  
ACTIVE

Effective Date  
NONE

Total Contribution  
~~0.00~~  
25,000

## Registered Agent

Name & Address
SECURITY FIRST TITLE AFFILIATES, INC. 7360 BRYAN DAIRY RD., SUITE 200 LARGO FL 33777

## Manager/Member Detail

Name & Address	Title
NONE	

## Annual Reports