

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90004 013 ***250.00

DOCUMENT # L01000018210

1. Entity Name
 ALLIED ABSTRACT AND TITLE COMPANY, LLC



Principal Place of Business
 549 WYNMORE ROAD NORTH
 STE 209
 MAITLAND, FL 32751

Mailing Address
 549 WYNMORE ROAD NORTH
 STE 209
 MAITLAND, FL 32751



04072004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3746969	Applied For Not Applicable
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5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BELL, JOHN E III
 549 WYNMORE ROAD NORTH
 STE 209
 MAITLAND, FL 32751

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
 Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELL, JOHN E III 549 WYNMORE ROAD NORTH, STE 209 MAITLAND, FL 32751
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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:

4/28/04 407647-2820