


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90554 033 \*\*\*\*55.00

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<b>DOCUMENT # L01000018314</b> 1. Entity Name <b>ALL AMERICAN TITLE OF NORTH EAST FLORIDA, LLC</b>					
Principal Place of Business <b>11203 SE 53RD COURT BELLEVUE, FL 34420</b>			Mailing Address <b>7360 BRYAN DAIRY ROAD SUITE 200 LARGO, FL 33777</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address <b>2075 Centre Pointe Blvd.</b> Suite, Apt. #, etc.		
City & State Tallahassee, FL			City & State Tallahassee, FL		
Zip 32308		Country		4. FEI Number <b>59-3750029</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>Lajoie, John T 2075 CENTRE POINTE BLVD. TALLAHASSEE, FL 32308</b>			7. Name and Address of New Registered Agent Name <b>First American Affiliates, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2075 Centre Pointe Boulevard</b> City <b>Tallahassee</b> <b>FL</b> Zip Code <b>32308</b>		
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 <i>[Signature]</i> as VP of First American Affiliates Inc. 3/18/04 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM FIRST AMERICAN AFFILIATES, INC. 2075 CENTRE POINTE BLVD. TALLAHASSEE, FL 32308</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <i>[Signature]</i> as VP of First American Affiliates Inc. 3/18/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					