

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000018324

1. Entity Name

SECURITY FIRST TITLE PARTNERS OF HIGHLANDS
COUNTY, LLC



Principal Place of Business

803 US 27 SOUTH
SEBRING, FL 33870

Mailing Address

7360 BRYAN DAIRY RD., SUITE 200
LARGO, FL 33777



04202005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3751170

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SECURITY FIRST TITLE AFFILIATES, INC.
7360 BRYAN DAIRY RD., SUITE 200
LARGO, FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

MGRM

SECURITY FIRST TITLE AFFILIATES INC.

7360 BRYAN DAIRY RD #200

LARGO, FL 33777

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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NAME

STREET ADDRESS

CITY - ST - ZIP

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IN THIS SPACE**

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04/27/05-80149-005 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Michael LaRosa*

VP of MGRM

4/21/05

727-549-3300

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

Date

Daytime Phone #