


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90197 015 *****55.00

DOCUMENT # L01000018690	
*1. Entity Name COMMUNITY TITLE AGENCY, LLC	

Principal Place of Business 10138 U.S. 19 PORT RICHEY FL 34668	Mailing Address 10138 U.S. 19 PORT RICHEY FL 34668
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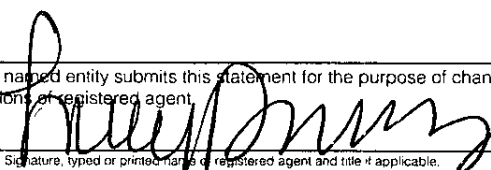
2. Principal Place of Business 9735 U.S. Hwy. 19	3. Mailing Address 9735 U.S. Hwy. 19
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Port Richey, FL	City & State Port Richey, FL
Zip 34668	Zip 34668
Country USA	Country USA



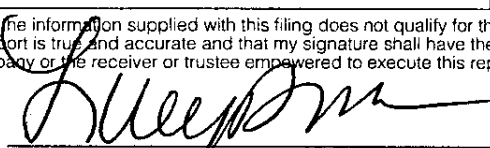
MOORE CR2E083 (11/03)

6. Name and Address of Current Registered Agent DWYER, LUCY 10138 U.S. 19 PORT RICHEY FL 34668		7. Name and Address of New Registered Agent Name DWYER, LUCY Street Address (P.O. Box Number is Not Acceptable) 9735 U.S. Hwy. 19 City PORT RICHEY FL Zip Code 34668	
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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 	DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KEYSTONE TITLE AGENCY, INC. 10138 U.S. 19 PORT RICHEY FL 34668 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KEYSTONE TITLE AGENCY, INC. 9735 U.S. Hwy. 19 PORT RICHEY, FL 34668 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 	DATE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	