

FILED  
Feb 18, 2002 8:00 am  
Secretary of State

01-15-2002 90034 027 \*\*\*\*50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000019721

1. Entity Name  
ALLIED ABSTRACT AND TITLE COMPANY - II, LLC

Principal Place of Business Mailing Address  
549 WYMORE ROAD NORTH, STE. 209 549 WYMORE ROAD NORTH, STE. 209  
MAITLAND FL 32751 MAITLAND FL 32751

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 593-74-9696 Applied For Not Applicable  
5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code  
BELL, JOHN E. III  
549 WYMORE ROAD NORTH, STE. 209  
MAITLAND FL 32751

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] DATE 1/9/02  
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER [Signature] JOHN E. BELL 1121 Blomberg Ct Maitland, FL 32751	TITLE NAME STREET ADDRESS CITY-ST-ZIP	John Bell JOHN BELL MKING MANAGER 1121 Blomberg Ct Maitland, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pauline Phillips operations Manager 549 Heritage Blvd. Winder Park FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	operations member.
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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] DATE 1/9/02 DAYTIME PHONE 407-647-2820

CR2E083 (9/01)