

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-07-2004 90004 006 ****50.00

DOCUMENT # L01000019721

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



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

Mailing Address
 549 WYMORE ROAD NORTH, STE. 209
 MAITLAND, FL 32751

24067773



04072004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 61-1401458	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 WYMORE ROAD NORTH, STE. 209
 MAITLAND, FL 32751

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 _____ (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 1121 GLEN CAREY CT. MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PHILLIPS, PAULINE 549 HERITAGE BLVD. WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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

4/20/04 4076478820
Date Daytime Phone #