## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000019992

1. Entity Name

BAY TITLE OF PERDIDO KEY, LLC



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

Principal Place of Business

s \_\_\_ Mailing Address

1331 CREIGHTON RD SUITE C PENSACOLA, FL 32504 7360 BRYAN DAIRY RD SUITE 200 LARGO, FL 33777



04202005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3726952 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

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the obligations of registered agent.			
SIGNATURE_	Signature, typed or Rrinted 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 MÉMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SECURITY FIRST TITLE AFFILIATES, INC 7360 BRYAN DAIRY RD #200 LARGO, FL 33777		H0000336997 04/27/05-80149-007 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN.	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			

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

11. I hereby certify that the information supplied with this fitting 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 cath, that I am a managing member or manager of the timited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: VY OT N

4/21

727-549-3300

Daytime Phone #