2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 23, 2004 8:00 am Secretary of State

DOCUMENT # L02000002390 1. Entity Name INVESTOR'S TITLE, LLC						04-23-2004	90019 008 ****	' 50.00
Principal Plac 6704 E. FOW TAMPA, FL 3		Mailing Address 6704 E. FOWLER AVE. TAMPA, FL 33617						
371	Place of Business 9 SWANN AVENUE		ANN A	VENUE				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			04122004	Chg-LLC	CR2E083 (10/03)
City & State TAM	PA, FL	City & State TAMPA	FL		4. FEI Number 04-3601		— t	Applied For Not Applicable
Zip 336	,09 Country A	^{Zip} 33609	Country US	A	5. Certificate of	f Status Desired	\$5.00 Ad Fee Requir	dditional red
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered Agent	
BLAND, AI	LBERTA P		L.,.	me 				
17425 CEDARWOOD LOOP LUTZ, FL 33558			Str	Street Address (P.O. Box Number is Not Acceptable)				
			City	у			FL Zip Co	ode
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered offi	ice or register	ed agent, or both	, in the State of Flo		h, and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	od title if applicable (NOTE	: Registered Agent	signature required	Luhen reinstation)		DATE	
	anginetare, typed of printed name of registered agents	The Head application (1901)	registered rigere		- Americanagy		DATE	
Filing Fee is \$50.00 Due by May 1, 2004					Make check payable to Florida Department of State			
Fi D:	iling Fee is \$50.00 ue by May 1, 2004					Florida	Department of Sta	
9.	ue by May 1, 2004 MANAGING MEMBE		10.			Florida	Department of Sta	ate
9. TITLE	ue by May 1, 2004 MANAGING MEMBE MGRM	RS/MANAGERS	TITLE	ME	RM (A	ADDITIONS/	Department of Sta	ate
9.	ue by May 1, 2004 MANAGING MEMBE			M 6 FL 37	AGSHLA 19 Sees.	ADDITIONS/ NANAGING TITLE, ANN A	CHANGES CAL Change	ate
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGRM ORT, ADAM N 11105 CARROLLWOOD DR. TAMPA, FL 33618	© Delete	TITLE NAME STREET ADDR CITY-ST-ZIF	RESS 37	RM (A AGSHIA 19 SW MPA,	ADDITIONS/ NANAGING TITLE, ANN A	Department of Sta	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE MGRM ORT, ADAM N 11105 CARROLLWOOD DR. TAMPA, FL 33618 MGRM		TITLE NAME STREET ADDI CITY-ST-ZIP	RESS 37	AGSHLA 19 Sees.	ADDITIONS/ NANAGING TITLE, ANN A	CHANGES CAL Change	Addition
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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.

the Wen

RE: 7/2/07 0
INATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date

Date

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