



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-23-2004 90019 008 ****50.00

DOCUMENT # L02000002390					
1. Entity Name INVESTOR'S TITLE, LLC					
Principal Place of Business 6704 E. FOWLER AVE. TAMPA, FL 33617			Mailing Address 6704 E. FOWLER AVE. TAMPA, FL 33617		
2. Principal Place of Business 3719 SWANN AVENUE			3. Mailing Address 3719 SWANN AVENUE		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State TAMPA, FL			City & State TAMPA, FL		
Zip 33609		Country USA		Zip 33609	
				Country USA	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BLAND, ALBERTA P 17425 CEDARWOOD LOOP LUTZ, FL 33558				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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 _____					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ORT, ADAM N 11105 CARROLLWOOD DR. TAMPA, FL 33618	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR M (MANAGING MEMBER) FLAGSHIP TITLE, LLC 3719 SWANN AVENUE TAMPA, FL 33609	
		<input type="checkbox"/>		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MACKINNON, ROBERT F 2927 BAY SHORE POINT DR. TAMPA, FL 33617	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
		<input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 4/12/04 813-875-1200		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					