

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000002828

**FILED**  
**Apr 28, 2005**  
**Secretary of State**

**Entity Name:** TITLE AFFILIATES OF POLK COUNTY, L.L.C.

**Current Principal Place of Business:**

4900 CREEKSIDE DRIVE  
CLEARWATER, FL 33760

**New Principal Place of Business:**

**Current Mailing Address:**

101 GATEWAY CENTRE PARKWAY  
GATEWAY ONE  
RICHMOND, VA 23235

**New Mailing Address:**

**FEI Number:** 30-0043234      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KIRTLEY, WILLIAM T  
1776 RINGLING BLVD.  
SARASOTA, FL 34236      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR      ( ) Delete  
Name: FAGAN, DEBORAH J  
Address: 4900 CREEKSIDE DRIVE  
City-St-Zip: CLEARWATER, FL 33760

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: HOPE VAUGHAN - USA TITLE AFFIATES, INC.      VP      04/28/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date