


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000002916 1. Entity Name FIRST FLORIDA TITLE SERVICES II, LLC	
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Principal Place of Business ONE SOUTH OCEAN BOULEVARD SUITE 5 BOCA RATON, FL 33432	Mailing Address ONE SOUTH OCEAN BOULEVARD SUITE 5 BOCA RATON, FL 33432
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DO NOT WRITE IN THIS SPACE



01072005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 02-0542274	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent DIFIORE, CORA 3300 UNIVERSITY DRIVE SUITE 001 CORAL SPRINGS, FL 33065	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed 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 MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRANSEASTERN PROPERTIES, INC. 3300 UNIVERSITY DRIVE STE. 1 CORAL SPRINGS, FL 33065
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01/24/05-80093-021 50.00

11. I hereby certify that the information supplied with this filing 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 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: Maureen Y Havlik **Maureen Y Havlik** 1/13/05 561-237-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #