

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000003236

FILED
Jan 13, 2004
Secretary of State

Entity Name: GROUPWEST TITLE, LLC

Current Principal Place of Business:

4915 WEST CYPRESS STREET
STE 110
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

4915 WEST CYPRESS STREET
STE 110
TAMPA, FL 33607

New Mailing Address:

FEI Number: 45-0465999 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DONALDSON, JAMES EARL
4915 WEST CYPRESS STREET
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

GROUPWEST TITLE
4915 WEST CYPRESS STREET
SUITE 110
TAMPA, FL 33607 US

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: GALYN S. JOHNSON

01/13/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: VP () Delete
Name: JOHNSON, GALYN S
Address: 4915 W CYPRESS ST STE 110
City-St-Zip: TAMPA, FL 33607

Title: P () Delete
Name: DONALDSON, JAMES E
Address: 4915 W CYPRESS ST STE 110
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JOHNSON, GALYN S
Address: 4915 W CYPRESS ST STE 110
City-St-Zip: TAMPA, FL 33607

Title: MGRM (X) Change () Addition
Name: DONALDSON, JAMES E
Address: 4915 W CYPRESS ST STE 110
City-St-Zip: TAMPA, FL 33607

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: GALYN S. JOHNSON

MGRM

01/13/2004

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