2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000003484

1. Entity Name

ALLIED ABSTRACT AND TITLE COMPANY - IV, LLC



05-07-2004 90004 009 ****50.00

May 07, 2004 8:00 am Secretary of State

FILED

Principal Place of Business

549 WYMORE ROAD NORTH, STE. 209 MAITLAND. FL 32751

Mailing Address

549 WYMORE ROAD NORTH, STE. 209 MAITLAND, FL 32751



04072004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 01-0588588

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BELL, JOHN E III 549 WYMORE ROAD NORTH, STE. 209 MAITLAND, FL 32751

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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 accertine obligations of registered agent.			
SIGNA	TURE	(NOTE: Registered Agent signature required when reinstating)	DATE ·
	Filing Fee Is \$50.00 Due by May 1, 2004		
 9.	MANAGING MEMBERS/MANAGERS		

TITLE	MGRM
NAME	BELL, JOHN E III
STREET ADDRESS	1121 GLEN GARRY CIR
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	·
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CITY-ST-ZIP	

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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