FILED
Jun 27, 2003 8:00 am
Secretary of State
04-25-2003 90750 029 ****55.00

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2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000005221

44005073

1. Entity Name
TITLE AFFILIATES OF TAMPA BAY, L.L.C.

Principal Place of Business	Mailing Address
2655 MCCORMICK DRIVE, SUITE 206 CLEARWATER FL 33759	2655 MCCORMICK DRIVE, SUITE 206 CLEARWATER FL 33759

[redacted]

2. Principal Place of Business		3. Mailing Address	
		4855 27th Street West	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Bradenton, FL	
Zip	Country	Zip: 34207	Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 02-0560510 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

KIRTLEY, WILLIAM T
1776 RINGLING BLVD.
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Executive Vice President of USA Title Affiliates, Inc., its Managing Member ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	USA Title Affiliates, Inc., 2655 McCormick Drive #206 Clearwater, FL 33759 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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.

USA Title Affiliates Inc. Managing Partner

SIGNATURE: SIGNATURE REQUIRED [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date 4/21/03 Daytime Phone #

William Kelly, Exec. V-Pres. 727-725-3833

William C Kelly