
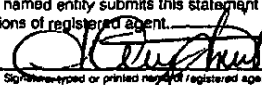
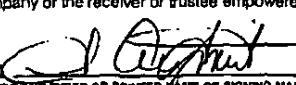


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 05, 2004 8:00 am
Secretary of State

03-25-2004 90213 034 ****50.00

DOCUMENT # L02000008530					
1. Entity Name STONEWALL TITLE GROUP, L.L.C.					
Principal Place of Business 1306 E. CERVANTES ST. SUITE B PENSACOLA, FL 32501			Mailing Address 1306 E. CERVANTES ST. SUITE B PENSACOLA, FL 32501		
2. Principal Place of Business 100 N. Spring Street Suite 1 Pensacola FL Zip 32502 Country USA		3. Mailing Address 100 N. Spring St. Suite 1 Pensacola FL Zip 32502 Country USA		01082004 Chg-LLC CR2E083 (10/03)	
4. FEI Number 02-0586435				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				7. Name and Address of New Registered Agent	
5. Name and Address of Current Registered Agent SMITH, S. AVERY 9843 HARLINGTON ST CANTONMENT, FL 32533				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 				DATE 3/20/04	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete SMITH, S. AVERY 1306 B EAST CERVANTES ST. PENSACOLA, FL 32501				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input checked="" type="checkbox"/> Delete BEASLEY, ROBERT O 1306 B E CERVANTES ST. PENSACOLA, FL 32501				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Manager <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Thomas M. Smith 100 N. Spring St, Suite 1 Pensacola FL 32502				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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 				Date 3/20/04 Daytime Phone 850.431.1080	