


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90120 004 ****50.00

DOCUMENT # L02000009875					
1. Entity Name CU TITLE MANAGEMENT, LLC					
Principal Place of Business 3773 COMMONWEALTH BLVD. TALLAHASSEE, FL 32303 US			Mailing Address 3773 COMMONWEALTH BLVD. TALLAHASSEE, FL 32303 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01082004 Chg-LLC CR2E083 (10/03) 4. FEI Number 59-3569368 NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SWEET, BARBARA G 562 PARK STREET JACKSONVILLE, FL 32204			Name Guy Hood Street Address (P.O. Box Number is Not Acceptable) 3773 Commonwealth Blvd. City Tallahassee FL Zip Code 32303		
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 Guy Hood (NOTE: Registered Agent signature required when reinstating) DATE Jan 12, 2004					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FCUL SERVICE GROUP, INC.		NAME		
STREET ADDRESS	3773 COMMONWEALTH BLVD.		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32203		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CU TITLE INSURANCE CONSULTANTS, INC.		NAME		
STREET ADDRESS	P.O. BOX 1885		STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM, AL 35201		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Bailey, Richard A.	
STREET ADDRESS			STREET ADDRESS	1110 Montlimer Dr, Ste 620	
CITY-ST-ZIP			CITY-ST-ZIP	Mobile, AL 36609	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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]			1-12-04 850-576-8171 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					