


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2004 8:00 am**  
**Secretary of State**

04-06-2004 90131 004 \*\*\*\*50.00

<b>DOCUMENT # L02000010745</b> 1. Entity Name CENTURION TITLE, LLC	
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Principal Place of Business 4040 DEL PRADO BLVD. CAPE CORAL, FL 33904	Mailing Address 4040 DEL PRADO BLVD. CAPE CORAL, FL 33904
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**DO NOT WRITE IN THIS SPACE**



02092004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 02-0594768	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  DELLUTRI, WILHELMINA 12620 WORLD PLAZA LN BLDG 60 STE 3 FORT MYERS, FL 33907 <i>(NAME Correction - Spelling only)</i>
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**DO NOT WRITE  
IN THIS SPACE**

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.

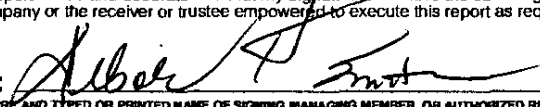
SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PINNACLE TITLE COMPANY, INC. 12620 WORLD PLAZA LANE BLDG 60 STE 3 FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #

1-239-277-5677

*Deborah H Smith*