


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90197 027 \*\*\*\*55.00

<b>DOCUMENT # L02000020309</b>	
1. Entity Name <b>ADVANTAGE TITLE AGENCY, LLC</b>	

Principal Place of Business <b>10138 US 19 PORT RICHEY FL 34668</b>	Mailing Address <b>10138 US 19 PORT RICHEY FL 34668</b>
--	--

2. Principal Place of Business <b>9735 U.S. Hwy. 19</b>	3. Mailing Address <b>9735 U.S. Hwy. 19</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Port Richey FL</b>	City & State <b>Port Richey</b>
Zip <b>34668</b>	Country <b>USA</b>




MOORE CR2E083 (11/03)

4. FEI Number <b>51-0421805</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>
--

6. Name and Address of Current Registered Agent <b>DWYER, MARGARET L 10138 US 19 PORT RICHEY FL 34668</b>
--

7. Name and Address of New Registered Agent Name <b>DWYER, MARGARET L</b> Street Address (P.O. Box Number is Not Acceptable) <b>9735 U.S. Hwy. 19</b> City <b>Port Richey</b> <b>FL</b> Zip Code <b>34668</b>
---


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
--	------

<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>
--

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KEYSTONE TITLE AGENCY, INC. 10138 US 19 PORT RICHEY FL 34668 <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KEYSTONE TITLE AGENCY, INC. 9735 U.S. HWY. 19 PORT RICHEY, FL 34668 <input checked="" 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
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #
---	------	-----------------