


FILED  
Mar 29, 2004 8:00 am  
Secretary of State

03-29-2004 90554 031 \*\*\*\*55.00

2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

<b>DOCUMENT # L02000024895</b>			
1. Entity Name FIRST TITLE PARTNERS, LLC			
Principal Place of Business 2300 CURLEW RD., #201 PALM HARBOR, FL 34683		Mailing Address 7360 BRYAN DAIRY RD., SUITE 200 LARGO, FL 33777	
2. Principal Place of Business		3. Mailing Address 2075 Centre Pointe Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Tallahassee, FL	
Zip	Country	Zip	Country
32308		32308	
4. FEI Number 02242004 Chg-LLC CR2E083 (10/03) 75-3082567		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent LAJOIE, JOHN T 2075 CENTRE POINTE BLVD. TALLAHASSEE, FL 32308		7. Name and Address of New Registered Agent Name First American Affiliates, Inc. Street Address (P.O. Box Number is Not Acceptable) 2075 Centre Pointe Boulevard City Tallahassee FL Zip Code 32308	
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 Ryan Gandy as VP of First American Affiliates Inc. DATE 3/18/04 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.)</small>			
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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM FIRST AMERICAN AFFILIATES, INC. 7360 BRYAN DAIRY RD., STE 200 LARGO, FL 33777 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM First American Affiliates, Inc. 2075 Centre Pointe Blvd. Tallahassee, FL 32308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: Ryan Gandy as VP of First American Affiliates Inc. 3/18/04		Date Daytime Phone #	