

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-29-2004 90554 039 \*\*\*\*55.00

24029812



02242004 Chg-LLC CR2E083 (10/03)

4. FEI Number **04-3714879** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

**DOCUMENT # L02000025381**

1. Entity Name  
**FIRST TITLE SERVICES OF FLORIDA, LLC**



Principal Place of Business  
**11203 S.E. 53RD COURT  
BELLEVUE, FL 34420**

Mailing Address  
**7360 BRYAN DAIRY ROAD, SUITE 200  
LARGO, FL 33777**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**2075 Centre Pointe Blvd.**  
Suite, Apt. #, etc.

City & State  
**Tallahassee, FL**

Zip  
**32308**

Country

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 *[Signature]* as VP of First American Affiliates Inc. 3/18/04  
(NOTE: Registered Agent signature required when replacing)

**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., SUITE 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
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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: *[Signature]* as VP of First American Affiliates Inc. 3/18/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #