

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 25, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000025697

1. Entity Name  
THE TITLE GROUP OF CENTRAL FLORIDA II, LLC



Principal Place of Business  
140 ALEXANDRIA BLVD., STE. B  
QVIEDO, FL 32765

Mailing Address  
535 N. FERN CREEK AVENUE  
ORLANDO, FL 32803



03072005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
11-3661560

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

COBB, FLOYD  
535 N. FERN CREEK AVE.  
ORLANDO, FL 32803

**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

**FLOYD COBB**

3-22-05

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, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME COBB, JOHN FLOYD  
STREET ADDRESS 535 N. FERN CREEK AVE  
CITY-ST-ZIP ORLANDO, FL 32803

TITLE  
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CITY-ST-ZIP

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U00000276477  
03/25/05-80043-003 50.00

**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.

John N. Floyd Cobb

SIGNATURE:

3-22-05 407-447-1983