

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000028557

**FILED**  
**Mar 11, 2004**  
**Secretary of State**

**Entity Name:** TITLE AFFILIATES OF SOUTH FLORIDA, L.L.C.

**Current Principal Place of Business:**

2655 MCCORMICK DRIVE, SUITE 206  
CLEARWATER, FL 33759

**New Principal Place of Business:**

4900 CREEKSIDE DRIVE  
CLEARWATER, FL 33760

**Current Mailing Address:**

4855 27TH ST WEST  
BRADENTON, FL 34207

**New Mailing Address:**

101 GATEWAY CENTRE PARKWAY  
GATEWAY ONE  
RICHMOND, VA 23235

**FEI Number:** 36-4514290

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KIRTLEY, WILLIAM T ESQ  
1776 RINGLING BOULEVARD  
SARASOTA, FL 34236 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: KELLY, WILLIAM  
Address: 2625 MCCORMICK DR STE206  
City-St-Zip: CLEARWATER, FL 33759

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: FAGAN, DEBORAH J  
Address: 4900 CREEKSIDE DRIVE  
City-St-Zip: CLEARWATER, FL 33760

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DEBORAH J. FAGAN

MGR

03/11/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date