

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000029218

FILED  
Feb 23, 2004  
Secretary of State

**Entity Name:** USA TITLE INSURANCE AGENCY, LLC

**Current Principal Place of Business:**

5029 CENTRAL AVENUE  
SAINT PETERSBURG, FL 33710 US

**New Principal Place of Business:**

600 CLEVELAND STREET  
1100  
CLEARWATER, FL 33755 US

**Current Mailing Address:**

3204 ALTERNATE 19 NORTH  
PALM HARBOR, FL 34683 US

**New Mailing Address:**

FEI Number: 11-3664919      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ORSATTI, CHAD T  
3204 ALTERNATE 19 NORTH  
PALM HARBOR, FL 34683 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: MGR ( ) Delete  
Name: WOLLINKA, DAVID J  
Address: 3204 ALTERNATE 19 NORTH  
City-St-Zip: PALM HARBOR, FL 34683 US

Title: MGR (X) Delete  
Name: ORSATTI, CHAD T  
Address: 3204 ALTERNATE 19 NORTH  
City-St-Zip: PALM HARBOR, FL 34683 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ORSATTI, CHAD T  
Address: 3204 ALTERNATE 19 NORTH  
City-St-Zip: PALM HARBOR, FL 34683 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CHAD T ORSATTI

MGRM

02/23/2004

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