


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90197 004 \*\*\*\*50.00

<b>DOCUMENT # L02000031554</b>	
1. Entity Name <b>SEABREEZE TITLE AGENCY, LLC</b>	

Principal Place of Business <b>444 SEABREEZE BLVD., SUITE 900 DAYTONA BEACH, FL 32118</b>	Mailing Address <b>P.O. BOX 15200 DAYTONA BEACH, FL 32115</b>
--	--

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01262004 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>33-1035966</b>	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent	
<b>LOUCKS, WILLIAM E 444 SEABREEZE BLVD., SUITE 900 DAYTONA BEACH, FL 32118</b>	

7. Name and Address of New Registered Agent	
Name <b>Jeffrey P. Brock</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>444 Seabreeze Blvd. Suite 900</b>	
City <b>Daytona Beach</b>	FL Zip Code <b>32118</b>

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 <b>Jeffrey P. Brock</b>	DATE <b>2/13/04</b>

<b>Filing Fee is \$50.00 Due by May 1, 2004</b>	<b>Make check payable to Florida Department of State</b>
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH HOOD PERKINS LOUCKS STOUT & ORFINGER 444 SEABREEZE BLVD., SUITE 900 DAYTONA BEACH, FL 32118	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
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.

<b>SIGNATURE:</b> <b>Jeff PRA</b> - director/treasurer Smith, Hood, Perkins Loucks Stout & Orfinger, manager	DATE <b>2-13-04</b> Daytime Phone #
---	--