LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000031554

1. Entity Name

SEABREEZE TITLE AGENCY, LLC



FILED

03 JUN -6 AM 8:00

DO NOT WRITE IN THIS SPACE					SECRET THAT OF STATE THATELANTASSEE, FLORIDA	
Principal Place of Business 3. Mailing Address				9 1800020563418		
444 Seabreeze Blvd.		P.O. Box 15200		U6/U6/0301032-	06/06/0301032003 **50.00	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRI	DO NOT WRITE IN THIS SPACE	
Suite 900				ľ		
City & State		City & State		4. FEI Number	Applied For	
Daytona Beach, FL Daytona Beach,		FL				
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$5.00 Additional	
32118	Volusia	32115	Volusia		Fee Required	
				7. Name and Address of Current Registered Agent		
DO NOT WOLF			Name W	William E. Loucks		
DO NOT WRITE			Street Address (P.O. Box Number is Not Acceptable)			
IN THIS SPACE			444 Seabreeze Blvd., Suite 900			
		FAUE				
			Service City		Tip Code	
			City	tona Beach	FL Zip Code 32118	
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, typed or printed name of registered agen	nt and title if applicable.	William E.	Loucks	6/5/03 CATE	
		. Make Check Payab	FEE IS \$50.00 le to Florida Depar DUE BY MAY 1	lment of State		
9.	MANAGING MEME	BERS/MANAGERS				
TITLE	MGRM		TITLE			
NAME	Smith, Hood, Perkins, Orfinger, P.A.	Loucks, Stout &	NAME	er alle de de la company d La company de la company d		
STREET ADDRESS CITY-ST-ZIP	444 Seabreeze Blvd.	, Suite 900	STREET ADDRESS			
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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 WITTED OR PRINTED NAME OF THE PRINTED NAME OF

6/5/03

386-254-6875

Date

Daytime Phone #