

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 07, 2004 08:00 AM
Secretary of State**

DOCUMENT # L02000032516	
1. Entity Name TRADITION TITLE INSURANCE AGENCY LLC	
Principal Place of Business 11300 FOURTH STREET NORTH, STE 200 ST PETERSBURG, FL 33716	Mailing Address 11300 FOURTH STREET NORTH, STE 200 ST PETERSBURG, FL 33716



01082004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 43-1987186	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FELICE, DAVID M
11300 FOURTH STREET NORTH, SUITE 200
ST PETERSBURG, FL 33716

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

U000000039714
02/09/04-80016-019 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COMMUNITY INVESTMENT CORPORATION 11300 FOURTH STREET NORTH, STE 200 ST PETERSBURG, FL 33716
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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)(f), 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.

TRADITIONAL TITLE INSURANCE AGENCY LLC; By: Community Investment

SIGNATURE: By: *[Signature]* Corporation. 1-15-04 927-577-5522