


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 19, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000032516 1. Entity Name TRADITION TITLE INSURANCE AGENCY LLC	
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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
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DO NOT WRITE IN THIS SPACE



02012005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 43-1987186	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____


**Filing Fee is \$50.00
Due by May 1, 2005**

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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02/19/05-80004-017 \$5.00

**DO NOT WRITE
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)(l), 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:  David M. Felice 2/1/05 727-579-3650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #