


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 26, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90061 037 \*\*\*\*50.00

<b>DOCUMENT # L02000032805</b>	
1. Entity Name BAYVIEW 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
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20004109



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

01122005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
57-1141198

Applied For
Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>	
CHADWICK, JAMES M 11300 FOURTH STREET NORTH, STE. 200 ST PETERSBURG, FL 33716	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	
	FL	Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHADWICK, JAMES N 11300 4TH ST N STE 200 SAINT PETERSBURG, FL 33716 <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	MGRM SEMBLER, M. STEVEN 11300 4TH ST N STE 200 SAINT PETERSBURG, FL 33716 <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	MGRM FLEETING, ROBERT 11300 4TH ST N STE 200 SAINT PETERSBURG, FL 33716 <input checked="" 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	MGRM CHADWICK, HARRY R 11300 4TH ST N STE 200 SAINT PETERSBURG, FL 33716 <input checked="" 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.

**SIGNATURE:**  **1/13/2005** **(727) 576-0047**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #  
**James M. Chadwick, Managing Member**