

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90014 008 ****50.00

DOCUMENT # L02000032805

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

30041913



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
11300 4th St. N.

3. Mailing Address

Suite, Apt. #, etc.
200

Suite, Apt. #, etc.

City & State
St. Petersburg, FL

City & State

4. FEI Number
57-1141198

Applied For
Not Applicable

Zip
33716

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	James M. Chadwick	11300 4th St. N., Ste 200	St. Petersburg, FL 33716	<input type="checkbox"/>
MGRM	M. Steven Sembler	11300 4th St. N., Ste 200	St. Petersburg, FL 33716	<input type="checkbox"/>
MGRM	Robert Fleeting	11300 4th St. N., Ste 200	St. Petersburg, FL 33716	<input type="checkbox"/>
MGRM	Harry R. Chadwick	11300 4th St. N., Ste 200	St. Petersburg, FL 33716	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

James M. Chadwick MGRM 3/6/03 (727) 576-0047

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CRZE083 (10/02)