


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90079 048 \*\*\*\*50.00

<b>DOCUMENT # L02000033895</b> 1. Entity Name COLONIAL REAL ESTATE TITLE INSURANCE COMPANY, LLC	
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Principal Place of Business 320 W SABAL PALM PLACE, STE 200 LONGWOOD, FL 32779	Mailing Address 320 W SABAL PALM PLACE, STE 200 LONGWOOD, FL 32779
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**44039503**

2. Principal Place of Business <b>320 W. Sabal Palm Place</b>	3. Mailing Address <b>320 W. Sabal Palm Place</b>
Suite, Apt. #, etc. <b>Suite 300</b>	Suite, Apt. #, etc. <b>Suite 300</b>

02232004 Chg-LLC CR2E083 (10/03)

City & State <b>Longwood, FL</b>	City & State <b>Longwood, FL</b>
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4. FEI Number <b>59-0810304</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>32779</b>	Country	Zip <b>32779</b>	Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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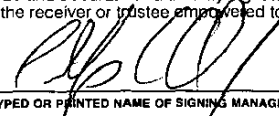
6. Name and Address of Current Registered Agent  <b>KEIDAISH, PHILIP F JR</b> <b>320 W SABAL PALM PLACE, STE 200</b> <b>LONGWOOD, FL 32779</b>	
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7. Name and Address of New Registered Agent Name <b>Keidaish, Philip F. Jr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>320 W. Sabal Palm Place</b> <b>Suite 300</b> City <b>Longwood</b> <b>FL</b> Zip Code <b>32779</b>	
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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 <b>4/26/04</b>

<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2004</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KEIDAISH, PHILIP F JR. <input type="checkbox"/> Delete 320 W SABAL PALM PLACE, STE 200 LONGWOOD, FL 32779	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Keidaish, Philip F. Jr. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 320 W. Sabal Palm Place, Suite 300 Longwood, FL 32779
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
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
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: 	DATE <b>4/26/04</b> DAYTIME PHONE # <b>407 682-7711</b>