


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000035021</b> 1. Entity Name SECURITY FIRST TITLE OF THE SOUTH EAST, LLC	
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Principal Place of Business 7360 BRYAN DAIRY ROAD, SUITE 200 LARGO, FL 33777	Mailing Address 7360 BRYAN DAIRY ROAD, SUITE 200 LARGO, FL 33777
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**DO NOT WRITE IN THIS SPACE**

04202005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 05-0548423	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
LAJOIE, JOHN T  
2075 CENTRE POINTE BLVD.  
TALLAHASSEE, FL 32308

**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 reinstating) DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SECURITY FIRST TITLE AFFILIATES, INC. 7360 BRYAN DAIRY RD STE 200 LARGO, FL 33777
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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UNNN00336994  
04/27/05-80149-006 50.00

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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.

SIGNATURE: Michael LaRosa, VP of MGRM 4/21/05 727-549-3300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #