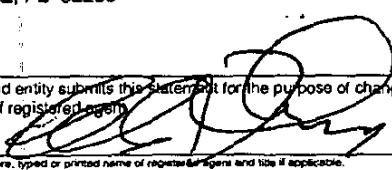
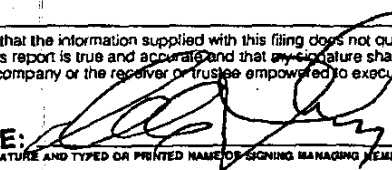


FILED
May 27, 2004 8:00 am
Secretary of State

05-07-2004 90004 038 ****50.00

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000003088			
1. Entity Name BEST AMERICAN TITLE, LLC			
Principal Place of Business 4300 MARSH LANDING BLVD., STE. 204 JACKSONVILLE, FL 32250		Mailing Address 4300 MARSH LANDING BLVD., STE. 204 JACKSONVILLE, FL 32250	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Certificate of Status Desired ☐		Applied For Not Applicable	
01272004 Chg-LLC CR2E083 (10/03)		4. FEI Number 03-0505612	
6. Name and Address of Current Registered Agent SELDOMRIDGE, ROBERT D 4300 MARSH LANDING BLVD., STE. 204 JACKSONVILLE, FL 32250			
7. Name and Address of New Registered Agent Name: FINLAY HOLDINGS, INC. Street Address (P.O. Box Number is Not Acceptable): Suite 101 4300 MARSH LANDING BLVD City: JAY BEACH FL Zip Code: 32250			
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:  C. FINLAY, DIRECTOR 2-10-4 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FINLAY, CHRISTOPHER C 4300 MARSH LANDING BLVD., STE. 204 JACKSONVILLE, FL 32250 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SELDOMRIDGE, ROBERT D ESQ 4300 MARSH LANDING BLVD., STE. 204 JACKSONVILLE, FL 32250 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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:  C. FINLAY 2-10-4 904-280-1000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		MGR Date Daytime Phone #	