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

34007664

Principal Place of Business	Mailing Address
4300 MARSH LANDING BLVD., STE. 204 JACKSONVILLE, FL 32250	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

01272004 Chg-LLC CR2E083 (10/03)

4. FEI Number: 03-0505612 ☐ Applied For ☐ Not Applicable

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

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: JAX 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: [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 reinstating) DATE

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
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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: [signature] C. FINLAY MGR 2.10.4 904.280.1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #