

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000005745

**FILED**  
**Sep 25, 2004**  
**Secretary of State**

**Entity Name:** TITLECORP OF FLORIDA GROUP 100, L.L.C.

**Current Principal Place of Business:**

398 FREEMAN STREET  
LONGWOOD, FL 32750

**New Principal Place of Business:**

355 S RONALD REAGAN BLVD  
LONGWOOD, FL 32750

**Current Mailing Address:**

398 FREEMAN STREET  
LONGWOOD, FL 32750

**New Mailing Address:**

355 S. RONALD REAGAN BLVD.  
LONGWOOD, FL 32750

**FEI Number:** 68-0493749

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ARCHIE, ROBERT  
398 FREEMAN STREET  
LONGWOOD, FL 32750

**Name and Address of New Registered Agent:**

ARCHIE, ROBERT  
355 S. RONALD REAGAN BLVD  
LONGWOOD, FL 32750

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.

SIGNATURE: ROBERT W. ARCHIE

09/25/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: TTITLECORP OF FLORID, A  
Address: 355 S RONALD REAGAN BLVD  
City-St-Zip: LONGWOOD, FL 32750

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ROBERT W. ARCHIE

MGR

09/25/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date