

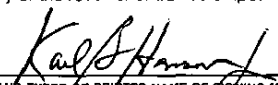


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90278 047 ****50.00

DOCUMENT # L03000010374					
1. Entity Name FLORIDA FIRST COAST TITLE SERVICES, L.L.C.					
Principal Place of Business 1505 SOUTH FIRST STREET, UNIT 301 JACKSONVILLE BEACH, FL 32250			Mailing Address 1505 SOUTH FIRST STREET, UNIT 301 JACKSONVILLE BEACH, FL 32250		
2. Principal Place of Business 5001 Phillips Hwy Suite, Apt. #, etc. Suite 7B City & State Jacksonville FL Zip 32207 Country US		3. Mailing Address 5001 Phillips Hwy Suite, Apt. #, etc. Suite 7B City & State Jacksonville FL Zip 32207 Country US			
03032004 Chg-LLC CR2E083 (10/03)				4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent HANSON, KARL B 50 NORTH LAURA STREET, SUITE 2800 JACKSONVILLE, FL 32202	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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 _____ (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	MGRM HANSON, MYRNA A 1505 SOUTH FIRST STREET, UNIT 301 JACKSONVILLE BEACH, FL 32250 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KARL B. HANSON JR 50 N. LAURA ST. STE. 2800 JACKSONVILLE, FL 32202 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM A. T. PARSONS, JR. 5001 Phillips Hwy # 7B JACKSONVILLE, FL 32207 <input type="checkbox"/> Change <input checked="" 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: 			March 3, 2004 904 630 5330		
SIGNATURE AND TYPED, OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		