

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000011458

**FILED**  
**Apr 29, 2004**  
**Secretary of State**

**Entity Name:** UNITED AMERICAN TITLE OF JACKSONVILLE, LLC

**Current Principal Place of Business:**

6700 SOUTHPOINT PARKWAY, SUITE 100-A  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

1203 S.W. 12TH STREET  
SUITE 9  
OCALA, FL 34474

**Current Mailing Address:**

6700 SOUTHPOINT PARKWAY, SUITE 100-A  
JACKSONVILLE, FL 32216

**New Mailing Address:**

1203 S.W. 12TH STREET  
SUITE 9  
OCALA, FL 34474

**FEI Number:** 91-2193228

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TEUFERT, WILLIAM  
1203 S.W. 12TH STREET, SUITE 9  
OCALA, FL 34474 US

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

SWEET, PATRICIA L  
1203 S.W. 12TH STREET, SUITE 9  
OCALA, FL 34474 US

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: PATRICIA L. SWEET

04/29/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: ADVANCED TITLE RESEA, RCH SERVICES, I NC.  
Address: 1203 S.W. 12TH STREET, SUITE 9  
City-St-Zip: Ocala, FL 34474

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: PATRICIA L SWEET

MNGR

04/29/2004

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