

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90026 008 \*\*\*\*50.00

**DOCUMENT # L03000012611**

1. Entity Name

**BUILDER TITLE LLC**



Principal Place of Business

**32660 U.S. HIGHWAY 19 NORTH  
PALM HARBOR FL 34684**

Mailing Address

**32660 U.S. HIGHWAY 19 NORTH  
PALM HARBOR FL 34684**

2. Principal Place of Business

**32820 U.S. 19, N.**

3. Mailing Address

**411 Windward Pkg.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**PALM HARBOR, FL**

City & State

**Clearwater, FL**

Zip

**34684**

Country

**USA**

Zip

**33767**

Country

**USA**

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HALSEY, STEVE M  
32660 U.S. HIGHWAY 19 NORTH  
PALM HARBOR FL 34684**

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

Signature, in ink, of the registered agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2004**

**APR 12 2004**

**BY: VA 7340**

9. MANAGING MEMBERS/MANAGERS

TITLE: **President / CEO**  
NAME: **STEVEN M. HALSEY**  
STREET ADDRESS: **411 Windward Pkg.**  
CITY-ST-ZIP: **Clearwater, FL 33767**

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10. ADDITIONS/CHANGES

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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**4-6-04**

**727-449-8544**