


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90554 040 \*\*\*\*55.00

<b>DOCUMENT # L03000012762</b>			
1. Entity Name TITLE SERVICES OF TAMPA BAY, LLC			
Principal Place of Business 2719 SR 580 CLEARWATER, FL 33761		Mailing Address 7360 BRYAN DAIRY ROAD 200 LARGO, FL 33777	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 2075 Centre Pointe Blvd. Suite, Apt. #, etc.	
City & State Tallahassee, FL		City & State Tallahassee, FL	
Zip 32308	Country	Zip 32308	Country
6. Name and Address of Current Registered Agent LAJOIE, JOHN T 2075 CENTRE POINTE BLVD. TALLAHASSEE, FL 32308		7. Name and Address of New Registered Agent Name First American Affiliates, Inc. Street Address (P.O. Box Number is Not Acceptable) 2075 Centre Pointe Boulevard City Tallahassee FL Zip Code 32308	
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: <i>Ryan Bandy</i> as VP of First American Affiliates Inc. 3/18/04 <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when resigning.)</small> 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 FIRST AMERICAN AFFILIATES, INC 7360 BRYAN DAIRY ROAD LARGO, FL 33777 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM First American Affiliates, Inc. 2075 Centre Pointe Blvd. Tallahassee, FL 32308 <input checked="" 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
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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: <i>Ryan Bandy</i> as VP of First American Affiliates Inc. 3/18/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> Date Daytime Phone #			

24029811



02242004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
91-2191876  
Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required