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Secretary of State
04-19-2004 90036 008 ****55.00

4/1

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000013411

1. Entity Name
HOMEBANC TITLE PARTNERS, LLC

34004826

Principal Place of Business	Mailing Address
7360 BRYAN DAIRY ROAD, SUITE 200 LARGO, FL 33777	7360 BRYAN DAIRY ROAD, SUITE 200 LARGO, FL 33777

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

02122004 ~~Chg-LLC~~ ~~CR2E083~~ (10/03)

4. FEI Number 81-0602501 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BARTLE, DOUGLAS
7360 BRYAN DAIRY ROAD, SUITE 200
LARGO, FL 33777

7. Name and Address of New Registered Agent

Name: The Security First Title Affiliates, Inc.
Street Address (P.O. Box Number is Not Acceptable): 7360 Bryan Dairy Road, Ste. 200
City: Largo FL Zip Code 33777

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] as VP of Managing Member 4/13/04
Signature, typed or printed name of registered agent and title if applicable. (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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM The Security First Title Affiliates, Inc. 7360 Bryan Dairy Road, Ste. 200 Largo, FL 33777 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] as VP of Managing Member 4/13/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #