

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000017871

**FILED**  
**Mar 15, 2005**  
**Secretary of State**

**Entity Name:** FLAGSHIP TITLE AND CLOSING ASSCIATES, LLC.

**Current Principal Place of Business:**

111 N. ORANGE AVENUE  
SUITE 775  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

111 N. ORANGE AVENUE  
SUITE 775  
ORLANDO, FL 32801

**New Mailing Address:**

**FEI Number:** 01-0783175

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SOCIAS, MANUEL  
111 N. ORANGE AVENUE  
SUITE 775  
ORLANDO, FL 32801 US

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

EDWARDS, ALLISON  
111 N. ORANGE AVENUE  
SUITE 775  
ORLANDO, FL 32801 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:** ALLISON EDWARDS

03/15/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

**Title:** MGRM ( ) Delete  
**Name:** SOCIAS, MANUEL  
**Address:** 111 N ORANGE AVENUE, SUITE 775  
**City-St-Zip:** ORLANDO, FL 32801

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** EDWARDS, ALLISON  
**Address:** 111 N ORANGE AVENUE, SUITE 775  
**City-St-Zip:** ORLANDO, FL 32801

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:** ALLISON EDWARDS

MGRM

03/15/2005

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