

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90098 027 ****55.00

20045274



04202005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000019693					
1. Entity Name WEST COAST TITLE AGENCY, LLC					
Principal Place of Business 9735 US HWY 19 PORT RICHEY, FL 34668			Mailing Address 9735 US HWY 19 PORT RICHEY, FL 34668		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 57-1169622	Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MOWRY, LORI A 9735 US HWY 19 PORT RICHEY, FL 34668				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
B. 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		(NOTE: Registered Agent signature required when reinstating)		DATE 4/21/05	
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KEYSTONE TITLE AGENCY, INC. 9735 US HWY 19 PORT RICHEY, FL 34668	<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:				Date 4/21/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #	