

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 09, 2004 8:00 am**  
**Secretary of State**

07-09-2004 90092 035 \*\*\*\*50.00

<b>DOCUMENT # L03000023509</b>					
<b>1. Entity Name</b> EQUITY TITLE PARTNERS OF NORTHEAST FLORIDA, LLC					
<b>Principal Place of Business</b> 12510 SAN JOSE BLVD. JACKSONVILLE, FL 32223			<b>Mailing Address</b> 12510 SAN JOSE BLVD. JACKSONVILLE, FL 32223		
<b>2. Principal Place of Business</b> 462 KINGSLEY AVENUE Suite, Apt. #, etc. SUITE 103 City & State ORANGE PARK, FLORIDA Zip 32073		<b>3. Mailing Address</b> 462 KINGSLEY AVENUE Suite, Apt. #, etc. SUITE 103 City & State ORANGE PARK, FLORIDA Zip 32073			
07082004    Chg-LLC    CR2E083 (10/03)		<b>4. FEI Number</b> 20-1255678		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required		<b>6. Name and Address of Current Registered Agent</b> TAYLOR, GLENN 462 KINGSLEY AVENUE, STE. 103 ORANGE PARK, FL 32073			
<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code		<b>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.</b> SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____			
<b>Filing Fee is \$50.00 Due by September 8, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GLENN A. TAYLOR 462 KINGSLEY AVE., SUITE 103 ORANGE PARK, FL 32073 <input type="checkbox"/> Change <input checked="" 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	
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	
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	
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.</b>					
<b>SIGNATURE:</b>			July 8, 2004    904-215-7953		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date    Daytime Phone #		