

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000023509

1. Entity Name

EQUITY TITLE PARTNERS OF NORTHEAST FLORIDA,  
LLC



Principal Place of Business

462 KINGSLEY AVENUE  
STE 103  
ORANGE PARK, FL 32073

Mailing Address

462 KINGSLEY AVENUE  
STE 103  
ORANGE PARK, FL 32073



01102005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-1255678

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, GLENN  
462 KINGSLEY AVENUE, STE. 103  
ORANGE PARK, FL 32073

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	TAYLOR, GLENN A
STREET ADDRESS	462 KINGSLEY AVE., STE 103
CITY - ST - ZIP	ORANGE PARK, FL 32073

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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1000000186179  
01/21/05-80046-005 50.00

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #