

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000023987

FILED
Jan 21, 2004
Secretary of State

Entity Name: OWNERS ASSURANCE TITLE AGENCY, LLC

Current Principal Place of Business:

4949 BLANDING BLVD.
JACKSONVILLE, FL 32210

New Principal Place of Business:

4441 WESCONNETT BLVD.
JACKSONVILLE, FL 32210

Current Mailing Address:

4949 BLANDING BLVD.
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 13-4256610

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAX CO.
50 NORTH LAURA ST., STE. 3300
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

DALE, ORR
4441 WESCONNETT BLVD
JACKSONVILLE, FL 32210 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: DALE ORR

01/21/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: ORR, DALE
Address: 4441 WESCONNETT BLVD.
City-St-Zip: JACKSONVILLE, FL 32210

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: DALE ORR

MGR

01/21/2004

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