

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000024429

**FILED**  
**Mar 16, 2004**  
**Secretary of State**

**Entity Name:** TITLE AFFILIATES OF L W M B, L.L.C.

**Current Principal Place of Business:**

2655 MCCORMICK DRIVE  
SUITE 206  
CLEARWATER, FL 33759

**New Principal Place of Business:**

4900 CREEKSIDE DRIVE  
SUITE F  
CLEARWATER, FL 33760

**Current Mailing Address:**

2655 MCCORMICK DRIVE  
SUITE 206  
CLEARWATER, FL 33759

**New Mailing Address:**

101 GATEWAY CENTRE PARKWAY  
GATEWAY ONE  
RICHMOND, VA 23235

FEI Number: 90-0102091

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KIRTLEY, WILLIAM T ESQ.  
1776 RINGLING BLVD.  
SARASOTA, FL 34236 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

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

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: USA TITLE AFFILIATES, , INC  
Address: 4900 CREEKSIDE DRIVE, SUITE F  
City-St-Zip: CLEARWATER, FL 33760

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: USA TITLE AFFILIATES, INC

MGRM

03/16/2004

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