

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000025376

FILED
May 01, 2005
Secretary of State

Entity Name: FIRST AMERICAN FIDUCIARY LC

Current Principal Place of Business:

1982 VIENNA AVE SUITE 200
DELTONA, FL 32725

New Principal Place of Business:

Current Mailing Address:

42 LAKE AVE EXT
PMB 315
DANBURY, CT 06811

New Mailing Address:

FEI Number: 16-1682294 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MILROY, SEAN
1982 VIENNA AVENUE
DELTONA, FL 32725 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: MILROY, SEAN
Address: 1982 VIENNA AVENUE
City-St-Zip: DELTONA, FL 32725

Title: MGRM () Delete
Name: WARFIELD, J. OGLE
Address: 3370 WASHINGTON ST
City-St-Zip: EDGEWATER, FL 32141

Title: MGRM (X) Delete
Name: DE BIASSE, CHARLES L
Address: PO BOX 640
City-St-Zip: MADISON, NJ 079400640

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SEAN MILROY

MGRM

05/01/2005

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