

FILED  
Mar 29, 2004 8:00 am  
Secretary of State

03-29-2004 90554 032 \*\*\*\*55.00

2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

DOCUMENT # L03000026992

1. Entity Name  
ALLIED TITLE AGENCY, LLC



24029819

Principal Place of Business  
3520 N.W. 43RD STREET  
GAINESVILLE, FL 32308 US

Mailing Address  
2075 CENTRE POINTE BLVD.  
TALLAHASSEE, FL 32308 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02132004 Chg-LLC CR2E083 (10/03)

4. FEI Number

43-2022764

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARRITY, RYAN O  
2075 CENTRE POINTE BLVD.  
TALLAHASSEE, FL 32308

Name

First American Affiliates, Inc.

Street Address (P.O. Box Number is Not Acceptable)

2075 Centre Pointe Boulevard

City

Tallahassee

FL

Zip Code

32308

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

*Ryan Garrity as VP of First American Affiliates Inc.* 3/18/04  
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00  
Due by May 1, 2004

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
FIRST AMERICAN AFFILIATES, INC.  
2075 CENTRE POINTE BLVD.  
TALLAHASSEE, FL 32308 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Ryan Garrity as VP of First American Affiliates Inc.* 3/18/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #