

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90217 010 \*\*\*\*55.00

**DOCUMENT # L03000029247**

1. Entity Name  
**TRUST TITLE, LLC**



Principal Place of Business  
**310 WHITFIELD AVENUE  
SARASOTA, FL 34243 US**

Mailing Address  
**2075 CENTRE POINTE BOULEVARD  
TALLAHASSEE, FL 32308 US**

**24028791**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02242004 Chg-LLC CR2E083 (10/03)

4. FEI Number

**47-0926256**

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 BOULEVARD  
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 Managing Member*  
Signature, typed or printed name of registered agent and date, if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**3/22/04**

**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 BOULEVARD  
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

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
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 Managing Member*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #