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FILED
Apr 30, 2004 8:00 am
Secretary of State
04-19-2004 90036 009 ****55.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000029894

1. Entity Name
TITLE PARTNERS OF INDIAN RIVER, LLC

Principal Place of Business	Mailing Address
7360 BRYAN DAIRY ROAD, SUITE 200 LARGO, FL 33777	7360 BRYAN DAIRY ROAD, SUITE 200 LARGO, FL 33777

02122004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-0068382 ☐ 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
BARTLE, DOUGLAS 7360 BRYAN DAIRY ROAD, SUITE 200 LARGO, FL 33777	Name: The Security First Title Affiliates, Inc. Street Address (P.O. Box Number is Not Acceptable): 7360 Bryan Dairy Road, Ste. 200 City: Largo FL Zip Code: 33777

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: [signature] as VP of Managing Member 4/13/04
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 BARTLE, DOUGLAS 7360 BRYAN DAIRY ROAD, SUITE 200 LARGO, FL 33777	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM The Security First Title Affiliates, Inc 7360 Bryan Dairy Road, Ste. 200 Largo, FL 33777	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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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TITLE NAME 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: [signature] as VP of Managing Member 4/13/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #