

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000029894**

1. Entity Name

TITLE PARTNERS OF INDIAN RIVER, LLC



Principal Place of Business

7360 BRYAN DAIRY ROAD, SUITE 200  
LARGO, FL 33777

Mailing Address

7360 BRYAN DAIRY ROAD, SUITE 200  
LARGO, FL 33777



04202005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

THE SECURITY FIRST TITLE AFFILIATES INC  
7360 BRYAN DAIRY ROAD, SUITE 200  
LARGO, FL 33777

**DO NOT WRITE  
IN THIS SPACE**

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, 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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME THE SECURITY FIRST TITLE AFFILIATES INC  
STREET ADDRESS 7360 BRYAN DAIRY ROAD, SUITE 200  
CITY-ST-ZIP LARGO, FL 33777

TITLE  
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11000000336977  
04/27/05-80149-002 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Michael Carosa* VP of MGRM 4/21/05 727-549-3300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #