


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-29-2004 90554 035 ****55.00

DOCUMENT # L03000030724	
1. Entity Name TAMPA BAY TITLE, LLC	

24029816

Principal Place of Business 13903 CARROLWOOD VILLAGE RUN TAMPA, FL 33624	Mailing Address 2075 CENTRE POINTE BOULEVARD TALLAHASSEE, FL 32308
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

02242004 Chg-LLC CR2E083 (10/03)

4. FEI Number
01-0794661

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent GARRITY, RYAN O 2075 CENTRE POINTE BOULEVARD TALLAHASSEE, FL 32308
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7. Name and Address of New Registered Agent Name First American Affiliates, Inc. Street Address (P.O. Box Number is Not Acceptable) 2075 Centre Pointe Boulevard City Tallahassee FL Zip Code 32308
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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 First American Affiliates Inc. 3/18/04
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 BOULEVARD TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 First American Affiliates Inc. 3/18/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE Daytime Phone