## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 19, 2004 8:00 am Secretary of State

03-19-2004 90273 010 \*\*\*\*55.00

DOCUMENT # L03000030949  1. Entity Name VILLAGE TITLE GROUP, LLC					9-2004 902/3		
Principal Place of Business  19 OLD KINGS ROAD NORTH SUITE C-105 PALM COAST, FL 32137  Mailing Address  2075 CENTRE POINT BOULEVARD TALLAHASSEE, FL 32308					<b>7.76.3</b>   1.817 <b>4.8</b> 171 <b>4.8</b> 171 <b>6.8</b> 731	TEKNA NOK FOND INNI KIDIT HA	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02132004	Chg-LLC	CR2E083 (10/03)	
City & State		City & State		4. FEI Number 33 - \0	. Mac-d	<u> </u>	oplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate o	f Status Desired	\$5.00 Add Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and A	ddress of New Re	gistered Agent	
GARRITY, 2075 CEN	RYAN O TRE POINTE BOULEVARD		Name Street Addre	ess (P.Q. Box Number	is Not Acceptable)		<u>۰۰.</u>
	SSEE, FL 32308		3072	Centre	. Vointe	N/va.	
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			City	Mahasse	ρ	FL Zip Cod	ว็รกร
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 Florid						ida. I am familiar with,	and accept
the obligat	ions of registered agent.	1 ,0	15-1	· 1 -	11/1/1	<b>k</b>	i
SIGNATURE	Signature, typed or winted name of registered agent	and title Defice the	(legistered Agent signsture re	//meran	ffullare	10d-16 0	<u>t_</u>
			tvečijajeneci vičići i sičijazima te	equired when reinstaurig)	7 //	DA!L	
FI	iling Fee is \$50.00 ue by May 1, 2004		neglala ed Agent signature re	squred when reinstaung)		check payable to Department of State	9
D	ue by May 1, 2004			cureo wien rensamy)	Florida	Department of State	
9	iling Fee is \$50.00 ue by May 1, 2004 MANAGING MEMBE	ERS/MANAGERS	10.	EQUIPOD WHEN REPSEAURY)		Department of State	
D	ue by May 1, 2004  MANAGING MEMBE	ERS/MANAGERS  Delete		cureo wien reresaury)	Florida	Department of State	B Addition
9.	MANAGING MEMBE	ERS/MANAGERS  Delete INC.	10.	gureo wien reressiung)	Florida	Department of State	
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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 mustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMB

R MANAGER, OR AUTHORIZ

PRIZED REPRESENTATIVE DOLLE

(850) 402-410 Destrine Phone #