


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

03-29-2004 90554 020 ****55.00

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000035786					
1. Entity Name TITAN TITLE OF AMERICA, LLC					
Principal Place of Business 1930 N. DONNELLY STREET MT. DORA, FL 32757			Mailing Address 2075 CENTRE POINTE BOULEVARD TALLAHASSEE, FL 32308		
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 20-0236120	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GARRITY, RYAN O 2075 CENTRE POINTE BOULEVARD TALLAHASSEE, FL 32308				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	
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: <i>Ryan Garrity</i> as VP of First American Affiliates Inc 3/18/04 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					
TITLE	MGRM		<input type="checkbox"/> Delete		
NAME	FIRST AMERICAN AFFILIATES, INC.				
STREET ADDRESS	2075 CENTRE POINTE BOULEVARD				
CITY-ST-ZIP	TALLAHASSEE, FL 32308				
TITLE			<input type="checkbox"/> Delete		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE			<input type="checkbox"/> Delete		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE			<input type="checkbox"/> Delete		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE			<input type="checkbox"/> Delete		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
10. ADDITIONS/CHANGES					
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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: <i>Ryan Garrity</i> 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 #					