

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000036970

FILED
Mar 17, 2004
Secretary of State

Entity Name: TITLE AFFILIATES OF EXTREME TITLE, L.L.C.

Current Principal Place of Business:

2655 MCCORMICK DRIVE, SUITE 206
CLEARWATER, FL 33759

New Principal Place of Business:

4900 CREEKSIDE DRIVE
SUITE F
CLEARWATER, FL 33760

Current Mailing Address:

2655 MCCORMICK DRIVE, SUITE 206
CLEARWATER, FL 33759

New Mailing Address:

101 GATEWAY CENTRE PARKWAY
GATEWAY ONE
RICHMOND, VA 23235

FEI Number: 03-0529306

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLY, WILLIAM C
2655 MCCORMICK DRIVE, SUITE 206
CLEARWATER, FL 33759

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: USA TITLE AFFILIATES, , INC.
Address: 4900 CREEKSIDE DRIVE
City-St-Zip: CLEARWATER, FL 33760

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DEBORAH J FAGAN

MGRM

03/17/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date